



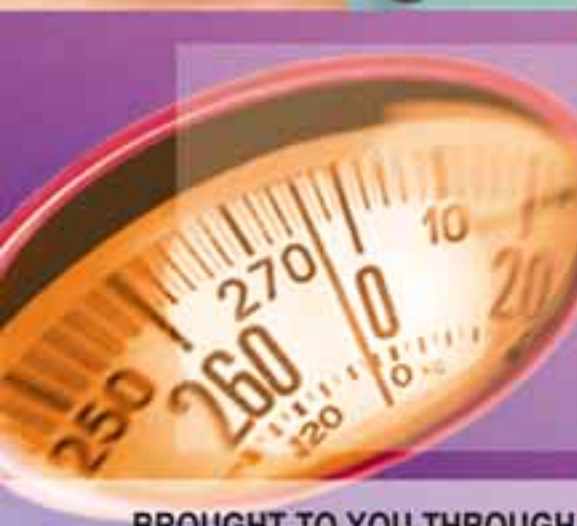
THCIC  
Choosing Well



**Straight Talk on Texas HMOs:**

**A  
PURCHASER'S  
GUIDE**

**HEDIS® 2000 Texas Subset**



BROUGHT TO YOU THROUGH A PARTNERSHIP WITH THE TEXAS DEPARTMENT OF HEALTH

# Texas Health Care Information Council

The Texas Legislature created the Texas Health Care Information Council (THCIC) in 1995 to establish a statewide health care data collection system. THCIC is mandated to collect information on health care charges, utilization, provider quality, and outcomes to facilitate the promotion and accessibility of high quality, cost effective health care. THCIC's primary purpose is to encourage and enable informed decision-making regarding health care providers.

THCIC is governed by a 19 member board comprised of 15 stakeholders in the health care delivery system of Texas, including hospitals, physicians, health plans, consumers, business, labor, and health experts, along with the directors of four state agencies involved in health or insurance. THCIC operates under the umbrella of the Texas Health and Human Services Commission. Much of its work is coordinated through contractual arrangements.

THCIC's authorizing legislation recognized the need to bring representatives of health care entities together with consumer representatives on several levels to develop solutions to the issues that emerge in developing reports for evaluating and selecting health care providers. To this end, THCIC was also mandated to establish five technical advisory committees (TACs). The Health Maintenance Organization (HMO) TAC guided much of the work resulting in this third annual report as part of their mission to recommend measures, data collection requirements, methods, standards, and formats for the public reporting of quality data on Texas HMOs.

THCIC, committee, and TAC meetings are all open meetings by law. Agenda are posted on the agency web site at [www.thcic.state.tx.us](http://www.thcic.state.tx.us) and in the *Texas Register*.

This report was completed with assistance from the Office of Policy and Planning of the Texas Department of Health (TDH). THCIC and TDH worked together to implement the data collection system for this important new public health data set.

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# About This Report

Chapter 108 of the Texas Health and Safety Code authorizes the collection of provider quality data from health benefit plans (health maintenance organizations) by market service area, and directs the Texas Health Care Information Council (THCIC) to make these data available for public use.

*Straight Talk on Texas HMOs: A Purchaser's Guide* reports quality of care performance by 32 licensed **basic service** health maintenance organizations (HMOs) providing commercial insurance in Texas during calendar year 1999. Since many of the HMOs have multiple service areas, there are 60 plan market listings in this report. THCIC allows HEDIS® data for HMO service areas of less than 5,000 members to be combined with the geographically closest service area with 5,000 or more members. HMOs must request this privilege by November 15th of the reporting year.

**Basic health** services are defined by federal<sup>1</sup> and state law<sup>2</sup> as:

- physician services,
- inpatient and outpatient hospital services,
- medically necessary emergency health services,
- short-term outpatient evaluative and crisis intervention mental health services,
- medical treatment and referral services for the abuse of, or addiction to, alcohol and drugs,
- diagnostic laboratory and diagnostic and therapeutic radiologic services,
- home health services, and
- preventive health services including immunizations, well-child care, periodic health evaluations for adults, family planning services, infertility services and children's eye and ear examinations.

Basic service HMOs are required under Texas law (Chapter 108 of the Texas Health and Safety Code) to report annual Health Plan Employer Data and Information Set (HEDIS®) data to THCIC. One HMO, **Seton Health Plan (Austin)**, failed to comply with reporting requirements for Texas HEDIS® 2000.

In keeping with the National Committee on Quality Assurance's (NCQA's) policies, THCIC allows HMOs to combine their Point of Service (POS) memberships (or not) with their HMO memberships prior to drawing their samples for HEDIS® reporting (see Product Reported on pg 147). However, enrollment data reported in *Straight Talk* are for HMOs only and reflect information collected and reported by the Texas Department of Insurance (TDI). At this time, Texas does not require HEDIS® or financial reporting by Preferred Provider Organizations (PPO).

In 1995, 12% of the Texas population was enrolled in a basic service HMO. Enrollment grew by an average of 20% a year from 1995 to 1998, but turned flat in the first half of 1999.<sup>3</sup> These figures do not include Texans covered by non-managed care Medicare or Medicaid, nor do they include Texans covered by self-insured HMOs not regulated by TDI.

*Straight Talk* is intended for use by employee benefits specialists in recommending purchasing decisions for groups of employees and health plans themselves for quality improvement purposes. *Straight Talk* is designed to be a comprehensive decision support tool that focuses on plan attributes other than benefits and costs. One of its primary values is that it is not proprietary in nature; rather, it contains objective data based upon uniformly understood standards: HEDIS®. Comparing and choosing health plans based on the quality of their services as well as their costs encourages the plans to meet or exceed baseline quality standards.

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1. 42 USC Sec.300e1

2. Chapter 20A.01, Texas Insurance Code

3. Texas Managed Care Review, 1999 Allan Baumgarten, p 14.

THCIC also produces consumer-oriented reports on commercial plan performance designed as companion pieces for *Comparing Texas HMOs* published by the Office of Public Insurance Counsel ([www.opic.state.tx.us](http://www.opic.state.tx.us)). *Your HMO Quality Check-up: A Consumer's Guide*, published in October 2000 by THCIC, contains fewer measures than *Straight Talk* and focuses upon the preventive services offered by Texas HMOs. The guide compares plans in the context of regional, state, and national averages. Six region-specific guides are available on the THCIC web site at [www.thcic.state.tx.us](http://www.thcic.state.tx.us).

THCIC publishes its reports on the agency's web site as soon as they are complete. THCIC publications can be downloaded from the web site free of charge. If you are interested in other Council publications or updates to this report, we encourage you to check THCIC's web site often at [www.thcic.state.tx.us](http://www.thcic.state.tx.us).

We would like your feedback on this publication. Please consider taking the time to complete and return the evaluation form at the end of this book.

Most importantly... when choosing a health care provider, THCIC encourages you take the time to review quality-based information and "Choose Well".

# Health Plan Employer Data and Information Set (HEDIS®)

The Health Plan Employer Data and Information Set (HEDIS®) consists of standardized performance measures designed for comparing the quality of care of managed care organizations. HEDIS® is developed and maintained under the leadership of the National Committee for Quality Assurance (NCQA), a private non-profit organization committed to assessing, reporting on, and improving the quality of care provided by organized health care delivery systems.<sup>4</sup> NCQA convenes national health care experts to guide the selection and development of HEDIS measures using three primary criteria: relevance, scientific soundness, and feasibility.<sup>5</sup> The performance measures reflect many significant U.S. public health issues such as cancer, heart disease, smoking, diabetes, and the care of pregnant women and children. HEDIS® also includes customer satisfaction data captured using the Consumer Assessment of Health Plan Satisfaction (CAHPS®) survey instrument developed in conjunction with the federal Agency for Healthcare Research and Quality. This ensures that the experience of a plan's members are counted in the quality equation.

In 1995, NCQA identified the need to create a standardized audit that would ensure the credibility of HEDIS® results for public reporting. NCQA's HEDIS® Compliance Audit includes an overall information systems capabilities assessment and an evaluation of the HMO's compliance with HEDIS® specifications.<sup>6</sup> NCQA and THCIC require that HEDIS® measures reported by HMOs be audited.

Beginning with HEDIS® 2000, NCQA implemented a rotation schedule for certain HEDIS® measures that change little from year to year. Essentially, this data collection strategy allows HMOs to report previous year results in lieu of calculating performance for the current year, thus allowing NCQA to release newly developed HEDIS® measures.

## *Texas' Subset of HEDIS®*

THCIC has elected to collect a subset of HEDIS® in Texas, rather than the entire set of 51 measures developed by NCQA. The process for determining Texas' annual subset of HEDIS® begins the year before at the level of the Council's HMO Technical Advisory Committee (TAC). The HMO TAC has adopted the following principles to guide their recommendations:

- Advice is in direct relation to the types of plans and products currently available in the Texas marketplace.
- Measures collected must be translatable into meaningful information to THCIC constituents.
- There must be reason to believe that there is sufficient encounter information to make the analysis valuable. If a majority of plans cannot report a specific measure due to a low number of members qualifying for the measure, then that measure should not be required to be reported to THCIC.
- Minimize duplication in reporting to other state agencies.
- THCIC reporting requirements and technical specifications will be consistent with those of NCQA.

After the HMO TAC develops recommendations for Texas' subset of HEDIS®, the list is reviewed by the Health Plan Data Committee of the THCIC prior to final approval at a meeting of the full Council. The list for Texas HEDIS® 2000 measures is found on page 145 of the Technical Appendix. Texas' choice of HEDIS® measures that will be reported next year (Texas HEDIS® 2001) is posted on the Council's web site at [www.thcic.state.tx.us/Reporting\\_Requirements](http://www.thcic.state.tx.us/Reporting_Requirements).

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4. HEDIS® 2001 Narrative: What's in It and Why It Matters, pg. 9.

5. HEDIS® 2001 Narrative: What's in It and Why It Matters, pg. 21.

6. HEDIS® 2001 Narrative: What's in It and Why It Matters, pg. 22.

# Making Use of *Straight Talk*

In many ways, the art and science of educating consumers to shop wisely for health care providers is still new. Choosing the right health care provider is made more challenging by the complexity of the U.S. health care system, the jargon used in the health care industry, and the numerous types of health insurance coverage available to consumers and purchasers. Texas, like many other states, has made a commitment to offering more objective information to consumers and purchasers of health care, beginning with the collection and public reporting of HEDIS® data on quality of care delivered by Texas HMOs.

In using this report, THCIC encourages health plan purchasers and consumers to think about the relevance each HEDIS® measure has to their own needs. For instance, the fact that one HMO performs well at childhood immunization may be more important to a family with young children than to one without. Likewise, a middle aged couple might prefer a plan that hires providers who routinely screen for diseases for which their age makes them a higher risk.

*Straight Talk* begins with Summary Tables that depict whether a plan's performance is significantly higher (△), lower (▼) or similar (♦) to the state average. Calculations for this table are provided in the Methods and Statistical Issues section of the Technical Appendix on page 143.

The body of the report consists of five sections, referred to as: "Domains of Care". In the same way that HEDIS® measures undergo constant review and have evolved over time, techniques for communicating the importance and the results of HEDIS® measures have also been changing. For purposes of this report, THCIC and TDH have opted to publish performance results according to how they were organized for data collection: Domains of Care. The measures included in each domain cover the scope of health care across all age groups. The title of each domain characterizes which aspect of health care quality is covered in that domain. Texas' Subset of HEDIS® 2000 contains five of NCQA's eight domains of care:

- Effectiveness of Care,
- Satisfaction with the Experience of Care,
- Health Plan Stability,
- Use of Services, and
- Health Plan Descriptive Information.

Each domain section begins with a general introduction followed with a page of text and a page(s) of bar charts which graphically display the performance of each measure in the domain for all HMOs. The narrative provides detail on what data points were included in the measure, explains its public health importance, and provides two additional points of reference for comparing a given plan's performance: the statewide average of all plan's performances, and the average of participants in NCQA's Quality Compass® project.<sup>7</sup> Measures of particular importance to the health of the nation are signified by the inclusion of the Healthy People 2000 objective.<sup>8</sup> The bar charts depicting individual Texas HMO performance are presented in alphabetical order including the service area which is usually the city from which the plan is administered.

The last section of *Straight Talk* consists of a Technical Appendix. This appendix provides detailed information on the calculation of the rates and the tests of statistical significance, and provides additional characteristics about the HMOs not provided elsewhere in the report. Readers wishing to have a greater understanding of HEDIS® data collection and auditing methodology are directed to NCQA's Technical Specifications for HEDIS® 2000.

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7. Healthy People 2000: National Health Promotion and Prevention Objectives (1991), U.S. Public Health Service, U.S. Department of Health and Human Services, USDHHS Publication PHS 9150212, Washington, D.C.

8. The *NCQA Quality Compass® Averages* are based on the accumulated HEDIS® reports submitted to NCQA in a reporting year.

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## Summary Tables

The summary tables on the following pages reflect the results of statistical tests comparing each plan's rate to the state average of all plans in Texas. The following symbols are used to indicate whether a plan's performance is significantly above, below, or the same as the state average:

- △ = Performance significantly better than the state average
- ◆ = Performance not statistically different from state average
- ▼ = Performance significantly worse than the state average

Results of the comparisons provided in the tables in this section should be interpreted carefully. Tests of statistical significance account only for random or chance variations in measurements. HEDIS® does not control for differences in plan population characteristics such as age or health status. For some HEDIS® measures this lack of risk adjustment could lead readers to mistakenly believe that superior or inferior plan performance is due to quality of care when, in fact, it may be due to case mix differences in the member populations of the plans.

Not all HEDIS® measures lend themselves to this statistical test. Results are shown only for the Effectiveness of Care Domain, the Provider Turnover Measure in the Health Plan Stability Domain, the Board Certification Measures in the Health Plan Descriptive Domain, the Well Child Visits in the First 15 Months of Life Measure in the Use of Services Domain, and About Your Health Plan from the Satisfaction with the Experience of Care Domain.

For a more detailed description of the statistical test used please see the Technical Appendix (pages 143-144).

FTC - Failed to comply with reporting requirements.

NR - Plan failed to submit the required data or data not certified by NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

## Effectiveness of Care Summary

Effectiveness of Care Summary										
Plan Name	Child. Immun. DTP	Child. Immun. OPV	Child. Immun. MMR	Child. Immun. Hib	Child. Immun. Hep B	Child. Immun. VZV	Child. Immun. Combo 1	Child. Immun. Combo 2	Adolec. Immun. MMR	Breast Cancer Screening
Aetna US Healthcare (Houston)	△	△	△	△	△	△	△	△	△	△
Aetna US Healthcare (San Antonio)	△	△	△	△	△	△	△	△	△	△
Aetna US Healthcare of North Texas (Dallas)	△	△	△	△	△	△	△	△	△	△
AmeriHealth of Texas, Inc. (Dallas/Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	NR
Amil International, Inc. (Austin)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	△	△	△	△	△	△	△	△	△	△
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	△	△	△	△	△	△	△	△	△	△
Community First Health Plans, Inc. (San Antonio MSA)	△	△	△	△	△	△	△	△	△	△
Community Health Choice, Inc. (Houston)	▽	▽	▽	▽	△	△	△	△	▽	NR
FIRSTCARE Southwest Health Alliances (Abilene)	△	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Amarillo)	△	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Lubbock)	△	△	△	△	△	△	△	△	▽	△
FIRSTCARE Southwest Health Alliances (Waco)	△	△	△	△	△	△	△	△	△	△
Harris Methodist Health Plan (Dallas)	△	△	△	△	△	△	△	△	△	△
HealthPlan of Texas, Inc. (Tyler)	△	△	△	△	△	△	△	△	△	△
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	△	△	△	△	△	△	△	△	△	△
HMO Blue, El Paso (El Paso)	△	△	△	△	△	△	△	△	△	△
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	△	△	△	△	△	△	△	△	△	△
HMO Blue, Southeast Texas (Houston)	△	△	△	△	△	△	△	△	△	△
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	△	△	△	△	△	△	△	△	△	△
HMO Blue, West Texas (Panhandle)	△	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Austin)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
HMO Blue® Texas (Beaumont/Lufkin)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
HMO Blue® Texas (Corpus Christi)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
HMO Blue® Texas (Dallas)	△	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
HMO Blue® Texas (San Antonio)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
Humana Health Plan of Texas (Austin)	△	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Corpus Christi)	△	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Dallas)	△	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Houston)	△	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (San Antonio)	△	△	△	△	△	△	△	△	△	△
Mercy Health Plan of Missouri, Inc. (Laredo)	△	△	△	△	△	△	△	△	△	△
MethodistCare (Southeast)	△	△	△	△	△	△	△	△	△	△
MSCH HMO (Houston)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
One Health Plan of Texas, Inc. (Dallas)	△	△	△	△	△	△	△	△	△	△
One Health Plan of Texas, Inc. (Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
PacifiCare of Texas (Dallas)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
PacifiCare of Texas (Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
PacifiCare of Texas (San Antonio)	△	△	△	△	△	△	△	△	△	△
Parkland Community Health Plan, Inc. (Northeast Texas)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
PCA Health Plans of Texas, Inc. (Central/Austin)	△	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	△	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (North/Dallas)	△	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (South/San Antonio)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Presbyterian Health Plan of El Paso (El Paso)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Prudential HealthCare (Austin)	△	△	△	△	△	△	△	△	△	△
Prudential HealthCare (Corpus Christi)	△	△	△	△	△	△	△	△	△	△
Prudential HealthCare (El Paso)	△	△	△	△	△	△	△	△	△	△
Prudential HealthCare (Houston)	△	△	△	△	△	△	△	△	△	△
Prudential HealthCare (North Texas)	△	△	△	△	△	△	△	△	△	△
Prudential HealthCare (San Antonio)	△	△	△	△	△	△	△	△	△	△
Scott and White Health Plan (Central Texas)	△	△	△	△	△	△	△	△	△	△
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	△	△	△	△	△	△	△	△	△	△
Texas Health Choice (Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
United HealthCare of Texas, Inc. (Austin/San Antonio)	△	△	△	△	△	△	△	△	△	△
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	▽	▽	▽	▽	▽	▽	▽	▽	▽	△
United HealthCare of Texas, Inc. (Dallas)	△	△	△	△	△	△	△	△	△	△
Valley Health Plans (Harlingen)	△	△	△	△	△	△	△	△	△	NA

# Effectiveness of Care Summary (Continued)

## Plan Name

Plan Name	Cervical Cancer	Prenatal Care	Check-up After Delivery	Cholesterol Mgmt. LDL Screening	Cholesterol Mgmt. LDL Level	Diabetic Care: HbA1c Testing	Diabetic Care: HbA1c Control	Diabetic Care: Eye Exam	Diabetic Care: Lipid Profile	Diabetic Care: Lipid Control
Aetna US Healthcare (Houston)	△	△	△	▼	♦	♦	♦	△	△	△
Aetna US Healthcare (San Antonio)	♦	♦	△	NA	NA	♦	♦	△	♦	♦
Aetna US Healthcare of North Texas (Dallas)	♦	△	△	♦	♦	♦	△	△	♦	△
AmeriHealth of Texas, Inc. (Dallas/Houston)	NR	NR	NR	NA	NA	▼	▼	▼	▼	▼
Amil International, Inc. (Austin)	NR	NR	NR	NA	NA	♦	♦	▼	△	△
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	△	△	△	△	△	△	△	△	△	△
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	△	△	♦	♦	♦	△	△	♦	△	△
Community First Health Plans, Inc. (San Antonio MSA)	♦	♦	♦	NA	NA	♦	♦	♦	△	△
Community Health Choice, Inc. (Houston)	NR	NR	NR	NA	NA	▼	▼	▼	▼	▼
FIRSTCARE Southwest Health Alliances (Abilene)	△	▼	△	♦	♦	▼	△	▼	▼	♦
FIRSTCARE Southwest Health Alliances (Amarillo)	△	△	△	♦	△	▼	△	♦	♦	△
FIRSTCARE Southwest Health Alliances (Lubbock)	△	♦	△	♦	♦	♦	♦	♦	♦	△
FIRSTCARE Southwest Health Alliances (Waco)	♦	▼	♦	NA	NA	▼	♦	♦	▼	♦
Harris Methodist Health Plan (Dallas)	△	△	♦	△	△	△	△	△	△	△
HealthPlan of Texas, Inc. (Tyler)	♦	♦	♦	NA	NA	△	△	△	♦	♦
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S. A.)	▼	△	△	♦	♦	♦	♦	△	△	♦
HMO Blue, El Paso (El Paso)	△	△	▼	NA	NA	♦	♦	△	♦	♦
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	♦	△	♦	♦	♦	♦	△	♦	△	♦
HMO Blue, Southeast Texas (Houston)	▼	△	△	NA	NA	△	△	△	△	△
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	♦	△	♦	♦	▼	△	△	▼	▼	▼
HMO Blue, West Texas (Panhandle)	♦	△	♦	♦	▼	△	▼	♦	♦	♦
HMO Blue® Texas (Austin)	▼	△	▼	NA	NA	▼	▼	▼	▼	▼
HMO Blue® Texas (Beaumont/Lufkin)	▼	▼	▼	NA	NA	▼	▼	▼	▼	▼
HMO Blue® Texas (Corpus Christi)	▼	▼	▼	NA	NA	▼	▼	▼	▼	▼
HMO Blue® Texas (Dallas)	♦	♦	♦	▼	▼	△	♦	▼	♦	△
HMO Blue® Texas (Houston)	▼	△	▼	▼	▼	▼	▼	▼	▼	▼
HMO Blue® Texas (San Antonio)	▼	♦	▼	NA	NA	▼	▼	▼	▼	▼
Humana Health Plan of Texas (Austin)	△	△	△	♦	△	△	△	△	△	△
Humana Health Plan of Texas (Corpus Christi)	△	♦	▼	NA	NA	△	△	△	△	△
Humana Health Plan of Texas (Dallas)	♦	▼	▼	NA	NA	♦	△	♦	♦	△
Humana Health Plan of Texas (Houston)	▼	▼	♦	NA	NA	♦	♦	▼	♦	♦
Humana Health Plan of Texas (San Antonio)	△	♦	♦	♦	△	△	△	△	△	△
Mercy Health Plan of Missouri, Inc. (Laredo)	♦	▼	▼	NA	NA	NR	NR	△	NR	NR
MethodistCare (Southeast)	▼	△	♦	NA	NA	△	♦	♦	△	♦
MSCH HMO (Houston)	♦	♦	♦	▼	NR	▼	NR	▼	▼	NR
One Health Plan of Texas, Inc. (Dallas)	♦	♦	♦	NA	NA	△	△	♦	♦	♦
One Health Plan of Texas, Inc. (Houston)	▼	▼	▼	NA	NA	♦	♦	NR	△	♦
PacifiCare of Texas (Dallas)	▼	▼	▼	▼	♦	▼	▼	▼	▼	▼
PacifiCare of Texas (Houston)	▼	▼	▼	▼	♦	♦	♦	▼	♦	♦
PacifiCare of Texas (San Antonio)	▼	♦	△	NA	NA	△	△	△	△	△
Parkland Community Health Plan, Inc. (Northeast Texas)	♦	NR	▼	NA	NA	♦	NR	NR	▼	▼
PCA Health Plans of Texas, Inc. (Central/Austin)	△	△	△	♦	♦	△	△	♦	△	△
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	▼	▼	▼	NA	NA	♦	♦	♦	♦	♦
PCA Health Plans of Texas, Inc. (North/Dallas)	▼	▼	▼	♦	♦	♦	△	♦	♦	♦
PCA Health Plans of Texas, Inc. (South/San Antonio)	▼	♦	♦	NA	NA	♦	♦	▼	▼	♦
Presbyterian Health Plan of El Paso (El Paso)	NR	NA	NA	NR	NR	NR	NR	NR	NR	NR
Prudential HealthCare (Austin)	△	△	△	♦	♦	△	▼	△	△	♦
Prudential HealthCare (Corpus Christi)	♦	△	△	NA	NA	△	△	△	△	△
Prudential HealthCare (El Paso)	▼	△	♦	NA	NA	♦	♦	♦	♦	▼
Prudential HealthCare (Houston)	△	△	△	♦	♦	△	♦	△	△	♦
Prudential HealthCare (North Texas)	△	△	△	♦	▼	△	♦	♦	△	♦
Prudential HealthCare (San Antonio)	△	△	△	♦	♦	△	♦	△	△	△
Scott and White Health Plan (Central Texas)	△	△	△	△	△	△	△	△	△	△
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	△	♦	△	NA	NA	△	△	♦	♦	△
Texas Health Choice (Houston)	▼	♦	▼	NA	NA	♦	♦	▼	♦	△
United HealthCare of Texas, Inc. (Austin/San Antonio)	△	△	△	△	▼	△	▼	♦	△	▼
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	△	♦	▼	♦	▼	▼	NR	▼	♦	▼
United HealthCare of Texas, Inc. (Dallas)	△	♦	♦	△	♦	△	▼	♦	△	▼
Valley Health Plans (Harlingen)	♦	△	△	NA	NA	△	△	△	△	△

# Effectiveness of Care Summary (Continued)

	Diabetic Care: Nephropathy	Mental Illness Follow-up w/in 7 Days	Mental Illness Follow-up w/in 30 Days	Antidepressant Med. Mgmt. Contacts	Antidepressant Med. Mgmt. Acute Phase	Mgmt. Continuation Phase Antidepressant Med.	Advising Smokers to Quit
Aetna US Healthcare (Houston)	△	△	△	•	•	△	•
Aetna US Healthcare (San Antonio)	•	NA	NA	NA	NA	NA	•
Aetna US Healthcare of North Texas (Dallas)	▼	•	△	•	△	△	•
AmeriHealth of Texas, Inc. (Dallas/Houston)	▼	NR	NR	NA	NA	NA	•
Amil International, Inc. (Austin)	▼	NR	NR	NA	NA	NA	NR
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	•	△	•	▼	•	•	•
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	•	•	•	▼	•	•	▼
Community First Health Plans, Inc. (San Antonio MSA)	•	NA	NA	•	•	•	•
Community Health Choice, Inc. (Houston)	△	NR	NR	NR	NR	NR	•
FIRSTCARE Southwest Health Alliances (Abilene)	•	•	•	•	•	•	▼
FIRSTCARE Southwest Health Alliances (Amarillo)	▼	△	△	•	•	•	△
FIRSTCARE Southwest Health Alliances (Lubbock)	△	•	•	△	△	△	•
FIRSTCARE Southwest Health Alliances (Waco)	▼	△	•	NA	NA	NA	△
Harris Methodist Health Plan (Dallas)	•	△	△	▼	▼	▼	•
HealthPlan of Texas, Inc. (Tyler)	△	NA	NA	•	•	•	△
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S. A.)	▼	•	▼	•	▼	•	•
HMO Blue, El Paso (El Paso)	▼	▼	▼	•	▼	▼	▼
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	▼	▼	▼	•	•	•	△
HMO Blue, Southeast Texas (Houston)	•	▼	▼	•	•	•	•
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	▼	•	•	•	•	•	•
HMO Blue, West Texas (Panhandle)	▼	▼	▼	•	•	•	▼
HMO Blue® Texas (Austin)	▼	NA	NA	•	•	•	•
HMO Blue® Texas (Beaumont/Lufkin)	▼	NA	NA	▼	•	•	△
HMO Blue® Texas (Corpus Christi)	▼	NA	NA	NA	NA	NA	•
HMO Blue® Texas (Dallas)	▼	▼	▼	▼	△	•	•
HMO Blue® Texas (Houston)	•	•	•	▼	•	•	•
HMO Blue® Texas (San Antonio)	▼	NA	NA	NA	NA	NA	•
Humana Health Plan of Texas (Austin)	△	NA	NA	▼	△	△	•
Humana Health Plan of Texas (Corpus Christi)	△	NA	NA	▼	•	•	•
Humana Health Plan of Texas (Dallas)	•	NA	NA	▼	△	•	•
Humana Health Plan of Texas (Houston)	▼	NA	NA	NA	NA	NA	•
Humana Health Plan of Texas (San Antonio)	△	NA	NA	▼	△	•	•
Mercy Health Plan of Missouri, Inc. (Laredo)	NR	NA	NA	NA	NA	NA	▼
MethodistCare (Southeast)	•	NA	NA	▼	▼	•	•
MSCH HMO (Houston)	▼	NR	NR	•	•	•	•
One Health Plan of Texas, Inc. (Dallas)	•	NA	NA	NA	NA	NA	•
One Health Plan of Texas, Inc. (Houston)	•	NA	NA	NA	NA	NA	▼
PacifiCare of Texas (Dallas)	▼	•	•	•	•	•	•
PacifiCare of Texas (Houston)	•	•	•	△	•	•	•
PacifiCare of Texas (San Antonio)	△	•	•	△	•	•	•
Parkland Community Health Plan, Inc. (Northeast Texas)	▼	NA	NA	NA	NA	NA	NR
PCA Health Plans of Texas, Inc. (Central/Austin)	△	NA	NA	▼	△	•	•
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	•	NA	NA	NA	NA	NA	•
PCA Health Plans of Texas, Inc. (North/Dallas)	•	NA	NA	▼	△	•	•
PCA Health Plans of Texas, Inc. (South/San Antonio)	▼	NA	NA	NA	NA	NA	•
Presbyterian Health Plan of El Paso (El Paso)	NR	NR	NR	NR	NR	NR	▼
Prudential HealthCare (Austin)	△	•	△	△	•	•	△
Prudential HealthCare (Corpus Christi)	△	•	•	•	•	▼	•
Prudential HealthCare (El Paso)	•	•	•	NA	NA	NA	•
Prudential HealthCare (Houston)	△	▼	△	△	•	•	•
Prudential HealthCare (North Texas)	▼	•	△	•	△	△	•
Prudential HealthCare (San Antonio)	△	•	△	•	•	•	•
Scott and White Health Plan (Central Texas)	△	△	△	•	▼	▼	△
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	△	△	△	▼	▼	▼	NR
Texas Health Choice (Houston)	▼	NA	NA	NA	NA	NA	•
United HealthCare of Texas, Inc. (Austin/San Antonio)	•	NR	NR	NR	NR	NR	•
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	▼	▼	▼	△	•	•	NR
United HealthCare of Texas, Inc. (Dallas)	▼	•	•	•	•	•	△
Valley Health Plans (Harlingen)	△	NA	NA	NA	NA	NA	NR

# Health Plan Stability (A), Use of Services (B), Health Plan Descriptive Information (C) and CAHPS (D) Summaries

Plan Name

Plan Name	Provider Turnover (A)	Well-Child Visits 15 Months (B)	Well-Child Visits 3rd-6th Years (B)	Board Cert. PCP (C)	Board Cert. OB/GYN (C)	Pediatrician (C)	Board Cert. Specialist (C)	Other Specialist (C)	How People Rated Their Health Plan (D)
Aetna US Healthcare (Houston)	△	△	△	△	△	△	△	△	△
Aetna US Healthcare (San Antonio)	△	NA	△	△	△	△	△	△	△
Aetna US Healthcare of North Texas (Dallas)	△	△	△	△	△	△	△	△	△
AmeriHealth of Texas, Inc. (Dallas/Houston)	△	△	△	△	△	△	△	△	△
Amil International, Inc. (Austin)	NR	△	△	NR	NR	NR	NR	NR	△
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	△	△	△	△	△	△	△	△	△
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	△	△	△	△	△	△	△	△	△
Community First Health Plans, Inc. (San Antonio MSA)	△	△	△	△	△	△	△	△	△
Community Health Choice, Inc. (Houston)	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Abilene)	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Amarillo)	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Lubbock)	△	△	△	△	△	△	△	△	△
FIRSTCARE Southwest Health Alliances (Waco)	△	△	△	△	△	△	△	△	△
Harris Methodist Health Plan (Dallas)	△	△	△	△	△	△	△	△	△
HealthPlan of Texas, Inc. (Tyler)	△	△	△	△	△	△	△	△	△
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	△	△	△	△	△	△	△	△	△
HMO Blue, El Paso (El Paso)	△	△	△	△	△	△	△	△	△
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	△	△	△	△	△	△	△	△	△
HMO Blue, Southeast Texas (Houston)	△	△	△	△	△	△	△	△	△
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	△	△	△	△	△	△	△	△	△
HMO Blue, West Texas (Panhandle)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Austin)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Beaumont/Lufkin)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Corpus Christi)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Dallas)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (Houston)	△	△	△	△	△	△	△	△	△
HMO Blue® Texas (San Antonio)	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Austin)	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Corpus Christi)	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Dallas)	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (Houston)	△	△	△	△	△	△	△	△	△
Humana Health Plan of Texas (San Antonio)	△	△	△	△	△	△	△	△	△
Mercy Health Plan of Missouri, Inc. (Laredo)	△	△	△	△	△	△	△	△	△
MethodistCare (Southeast)	△	△	△	△	△	△	△	△	△
MSCH HMO (Houston)	△	△	△	△	△	△	△	△	△
One Health Plan of Texas, Inc. (Dallas)	△	△	△	△	△	△	△	△	△
One Health Plan of Texas, Inc. (Houston)	△	△	△	△	△	△	△	△	△
PacifiCare of Texas (Dallas)	△	△	△	△	△	△	△	△	△
PacifiCare of Texas (Houston)	△	△	△	△	△	△	△	△	△
PacifiCare of Texas (San Antonio)	△	△	△	△	△	△	△	△	△
Parkland Community Health Plan, Inc. (Northeast Texas)	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (Central/Austin)	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (North/Dallas)	△	△	△	△	△	△	△	△	△
PCA Health Plans of Texas, Inc. (South/San Antonio)	△	△	△	△	△	△	△	△	△
Presbyterian Health Plan of El Paso (El Paso)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (Austin)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (Corpus Christi)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (El Paso)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (Houston)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (North Texas)	△	△	△	△	△	△	△	△	△
Prudential HealthCare (San Antonio)	△	△	△	△	△	△	△	△	△
Scott and White Health Plan (Central Texas)	△	△	△	△	△	△	△	△	△
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	△	△	△	△	△	△	△	△	△
Texas Health Choice (Houston)	△	△	△	△	△	△	△	△	△
United HealthCare of Texas, Inc. (Austin/San Antonio)	△	△	△	△	△	△	△	△	△
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	△	△	△	△	△	△	△	△	△
United HealthCare of Texas, Inc. (Dallas)	△	△	△	△	△	△	△	△	△
Valley Health Plans (Harlingen)	△	NA	△	△	△	△	△	△	△

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# Effectiveness of Care

**T**he HEDIS® **Effectiveness of Care Domain** measures a HMO's success in delivering services designed to prevent the occurrence of illness or to identify a medical condition in its earliest stages. By detecting an illness before it progresses, the patient has a better chance of an improved health outcome and health care costs can be significantly reduced. Effectiveness of Care measures show the percentage of plan members indicated for a service who actually received the service. Differences in these measures may reflect the effort that individual HMOs make to encourage their members to seek routine preventive care.

This section presents Effectiveness of Care data for the following measures:

## Childhood Immunization Status:

- Combination 1
- Combination 2
- Diphtheria, Tetanus, Pertussis (DTaP / DTP)
- Polio (IPV / OPV)
- Measles, Mumps, Rubella (MMR)
- Haemophilus Influenza type b (Hib)
- Hepatitis B (Hep B)
- Varicella (VZV)

## Adolescent Immunization Status: MMR

- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in the First Trimester
- Check-Ups After Delivery
- Cholesterol Management After Acute Cardiovascular Events
  - LDL-C Screening
  - LDL-C Level

## Comprehensive Diabetes Care:

- HbA1c Testing
- Poor HbA1c Control
- Eye Exam
- LDL-C Screening
- LDL-C Level
- Monitoring for Diabetic Nephropathy

## Follow-up After Hospitalization for Mental Illness

## Antidepressant Medication Management:

- Optimal Practitioner Contacts for Medication Management
- Effective Acute Phase Treatment
- Effective Continuation Phase Treatment

## Advising Smokers to Quit

# Childhood Immunization Status: Combination 1

**Definition:** The percentage of children using the HMO who received all Combination 1 vaccinations ([four diphtheria, tetanus, pertussis (DTaP or DTP), three polio (IPV or OPV), three hepatitis B (Hep B), one measles, mumps, rubella (MMR), and two Haemophilus Influenzae type b (Hib)] by two years of age.

State and National Averages	1997 <sup>†</sup>	1998 <sup>†</sup>	1999
Texas Average .....	45.0%	43.2%	45.2%
Quality Compass® .....	63.8%	61.0%	63.7%
Healthy People 2000 Goal .....	90.0%		

<sup>†</sup> Because HEDIS specifications for Childhood Immunizations have changed, the Combination 1 rate for 1999 is equivalent to the Combination 2 rates for 1998 and 1997.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

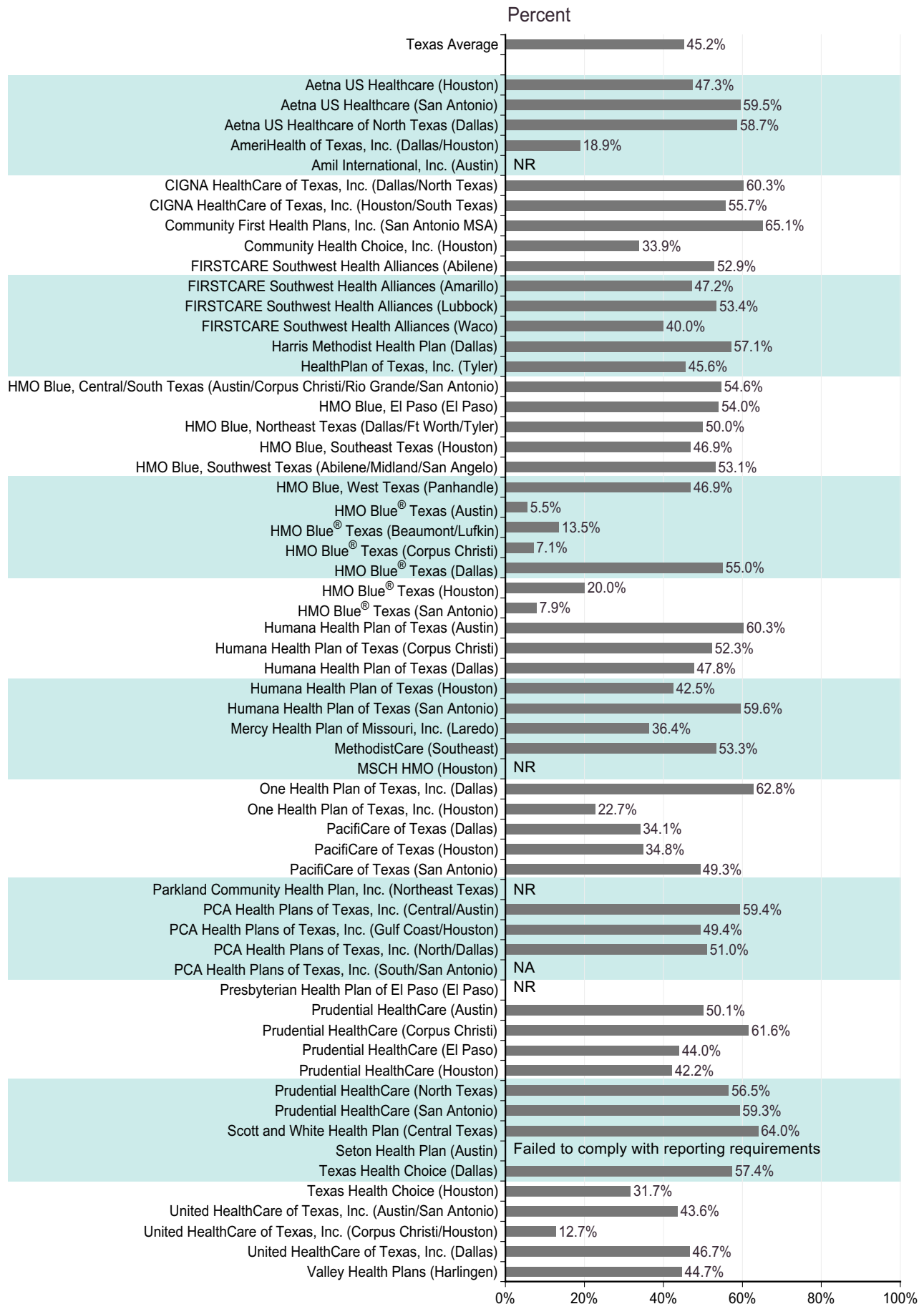
Childhood immunizations are a proven and easy way to help children stay healthy by avoiding childhood diseases such as mumps, measles, and more serious illnesses such as polio and whooping cough. Because infants and young children are highly susceptible to these dangerous illnesses, children should receive all recommended vaccinations before the age of two. Public health experts strive for high immunization rates with the ultimate goal to eradicate disease pathogens.

The bar chart on the next page shows the percentage of children using the HMO who received all Combination 1 vaccinations by the age of two.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Combination 1



# Childhood Immunization Status: Combination 2

**Definition:** The percentage of children using the HMO who received all Combination 2 vaccinations [four diphtheria, tetanus, pertussis (DTaP or DTP), three polio (IPV or OPV), three hepatitis B (Hep B), one measles, mumps, rubella (MMR), and two Haemophilus Influenzae type b (Hib), and one Varicella (VZV)] by two years of age.

State and National Averages	1997 <sup>†</sup>	1998 <sup>†</sup>	1999
Texas Average .....	24.1%	31.2%	37.9%
Quality Compass® .....	*	*	47.6%

\* Value not established or not obtained.

† Because HEDIS specification for Childhood Immunizations have changed, the Combination 2 rate for 1999 is equivalent to the Combination 3 rates for 1998 and 1997.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

In the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Family Physicians (AAFP) all recommend the following immunization schedule for children under two years of age:

- Hepatitis B - 3 vaccines (one from birth to 2 months, one from 1 to 4 months, and one from 6 to 18 months),
- Diphtheria, Tetanus, Pertussis - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 15 to 18 months),
- Haemophilus Influenzae type b - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months),
- Inactivated polio - 3 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months),
- Pneumococcal conjugate - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months),
- Measles, mumps, rubella - 1 vaccine (one from 12 to 15 months), and
- Varicella - 1 vaccine (one from 12 to 18 months).

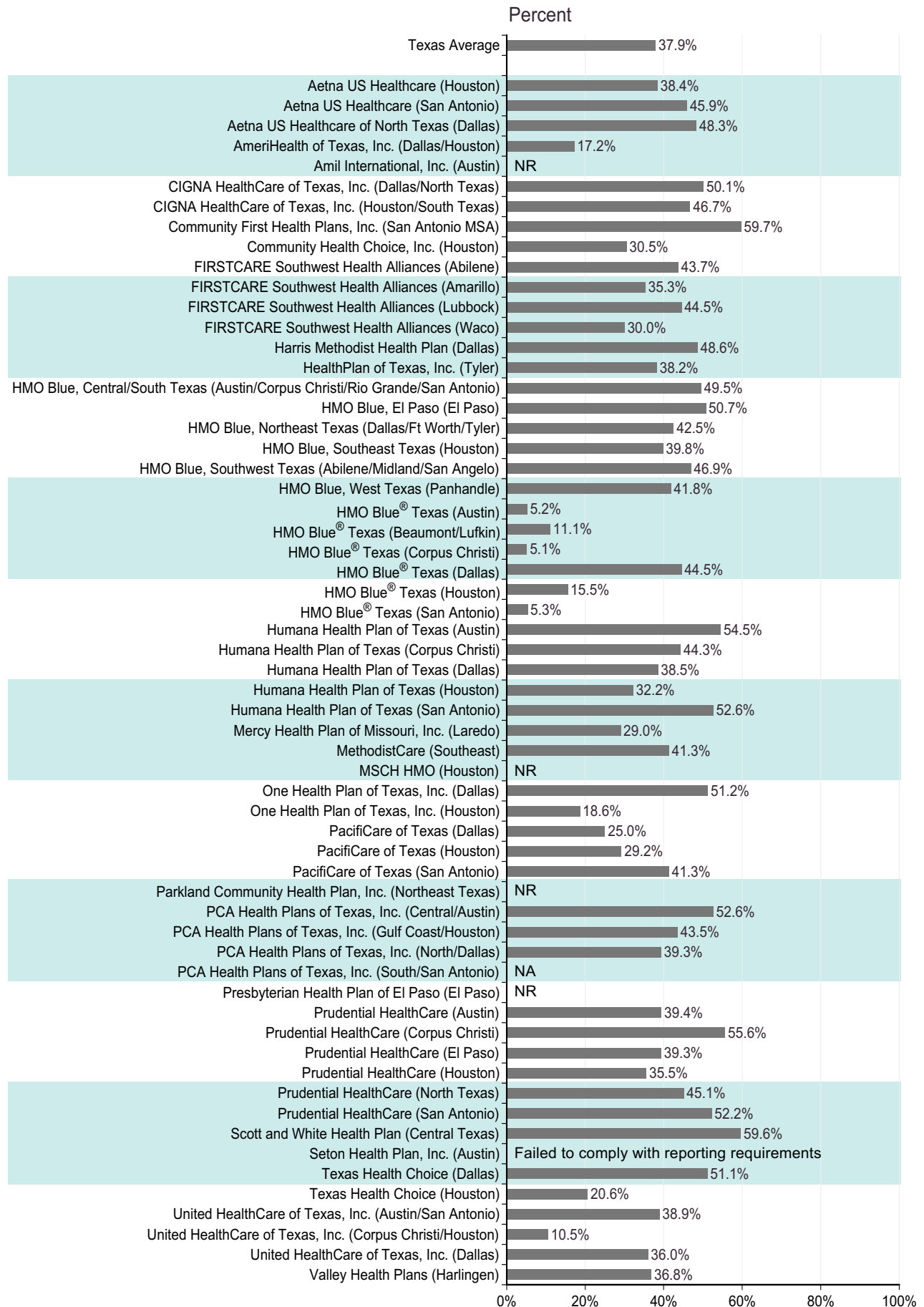
With the exception of the pneumococcal conjugate vaccine and the number of HiB vaccinations, the Combination 2 measure most closely reflects the number of immunizations recommended for children under two years of age.

The bar chart on the next page shows the percentage of children using the HMO who received all Combination 2 vaccinations by two years of age.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Combination 2



# Childhood Immunization Status: Diphtheria, Tetanus, Pertussis (DTaP/DTP)

**Definition:** The percentage of children using the HMO who received at least four DTaP (diphtheria, tetanus, acellular pertussis) or DTP (diphtheria, tetanus, pertussis) vaccines by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	61.5%	62.6%	63.0%
Quality Compass® .....	*	*	78.8%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**D**iphtheria, a bacterial respiratory infection characterized by a sore throat, low-grade fever, and heart and nerve problems, is a communicable disease spread by coughing and sneezing. Although rare in the U.S., diphtheria is still a threat because it is commonly found in other countries around the world.

Tetanus, or lockjaw, is a non-communicable infectious disease easily prevented by immunization. The disease is contracted by bacteria entering the body through breaks in the skin. Tetanus symptoms may include muscle stiffness and spasms, which can lead to fracture in the spine and long bones. In some cases, the larynx (throat) may close causing breathing difficulties. Unlike other vaccine preventable diseases, adolescents and adults should receive periodic boosters to maintain their immunity.

Pertussis, or whooping cough, is a highly contagious respiratory disease spread by coughing and sneezing. The disease is named for the severe spasm coughing that often lasts for several weeks. If left unattended, pertussis may lead to hospitalization with pneumonia, seizures, encephalopathy (brain degeneration), vomiting, weight loss, breathing difficulties, and possibly death.

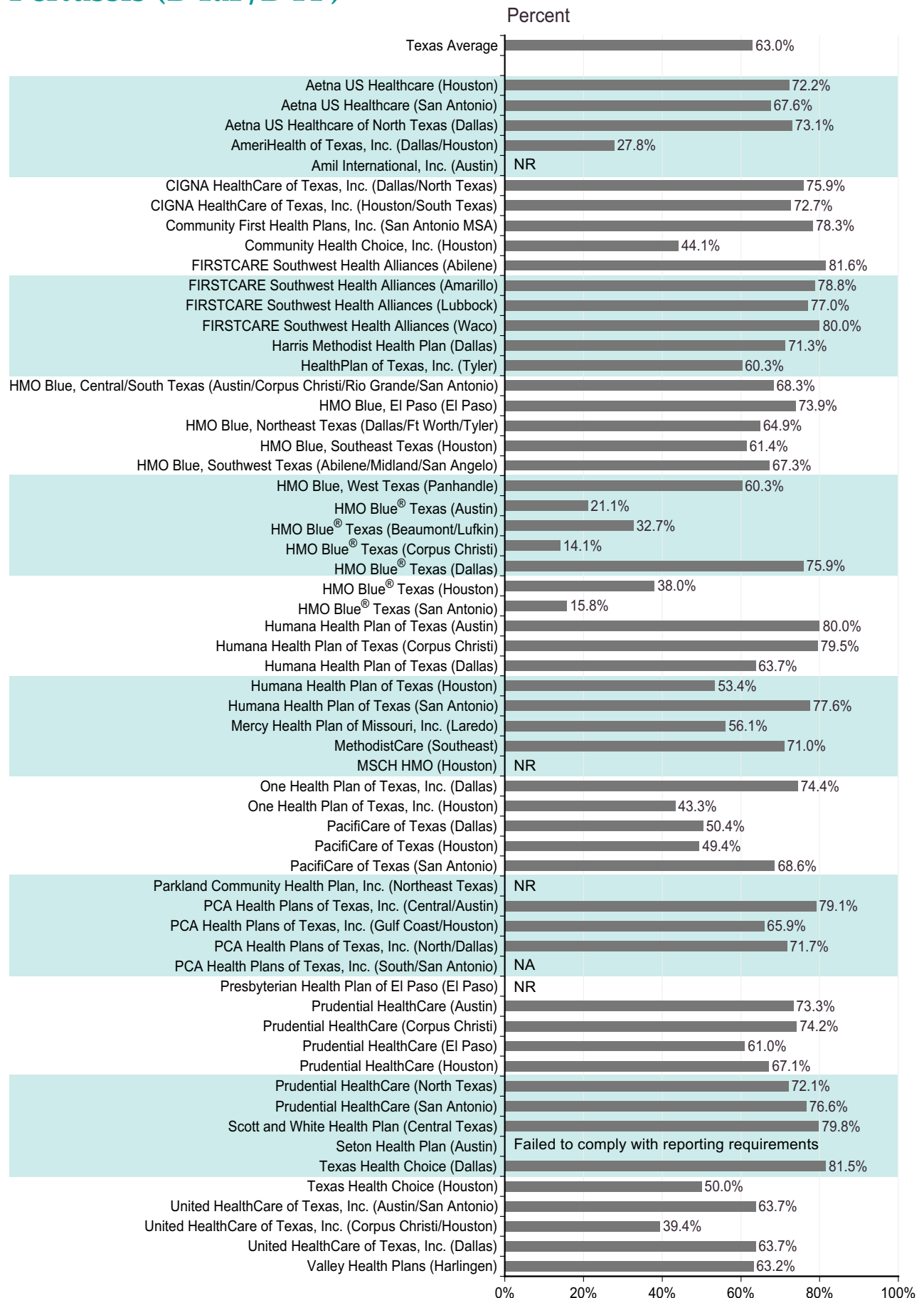
Four doses of DTaP vaccine are recommended to prevent illness from diphtheria, tetanus, and pertussis. The DTaP vaccine is preferred over the older DTP vaccine because it produces fewer side effects. Regardless of which vaccine series a child receives, most children will be protected from these diseases throughout childhood if immunized.

The bar chart on the next page shows the percentage of children using the HMO who receive at least four DTaP/DTP vaccinations by the age of two.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Diphtheria, Tetanus, Pertussis (DTaP/DTP)



# Childhood Immunization Status: Polio (IPV/OPV)

**Definition:** The percentage of children using the HMO who received at least three polio vaccinations (IPV or OPV) by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	70.6%	71.3%	69.2%
Quality Compass® .....	*	*	82.7%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

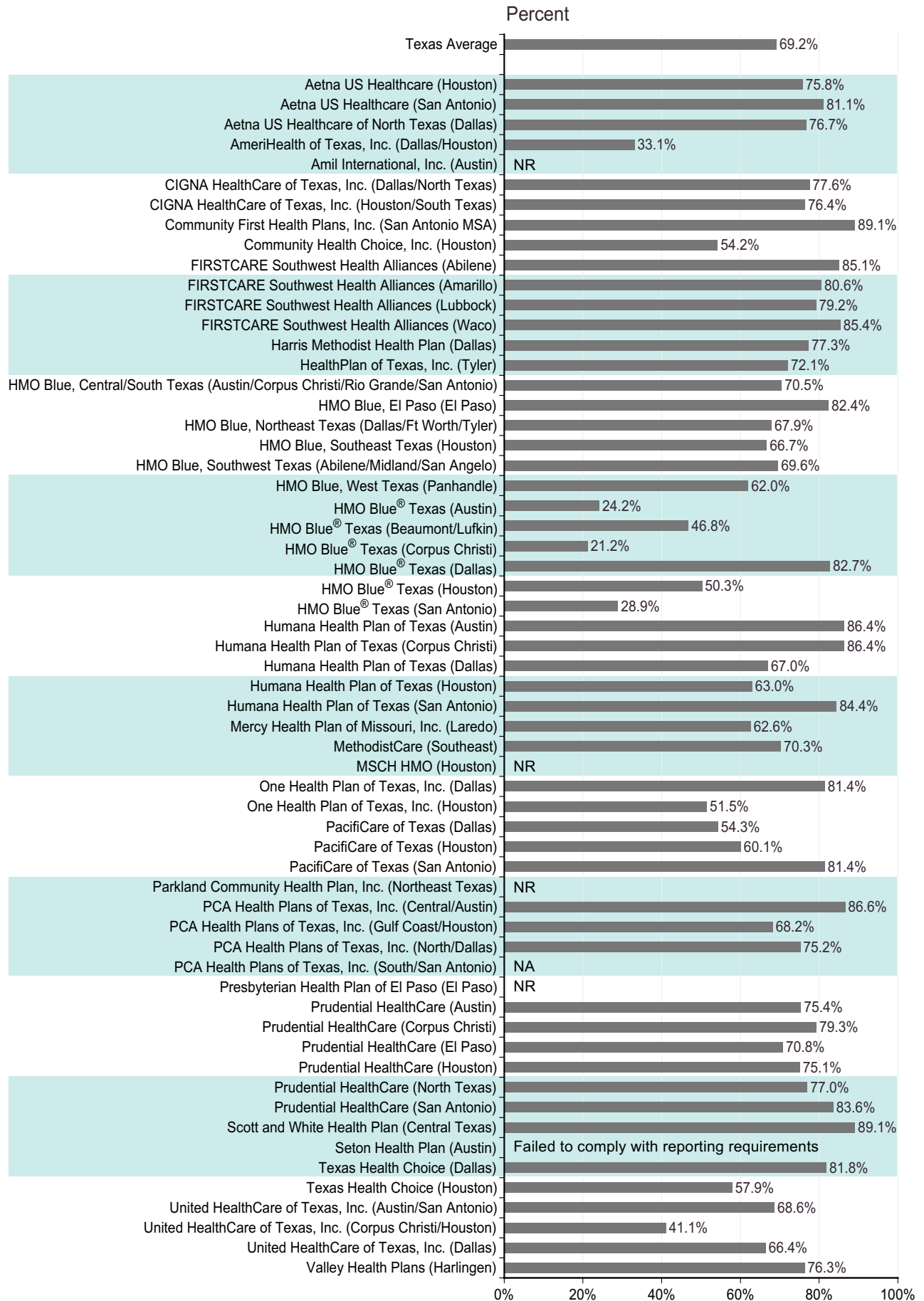
Polio is a viral disease with symptoms which include fever, sore throat, nausea, headaches, stiffness in the neck, back and legs, and paralysis. Polio, once common in the U.S., is easily prevented by vaccine. Although no wild polio has been reported in the United States for over 20 years, it remains important to vaccinate for this disease because polio is common in other countries. There are two kinds of polio vaccine: IPV and OPV. The inactivated polio vaccine (IPV) is a shot given in the leg or arm and is the preferred method of vaccination in the United states today. Until recently, the oral polio vaccine (OPV) was more commonly recommended for most children in the United States. Both vaccines give immunity to polio.

The bar chart on the next page shows the percentage of children using the HMO who received at least three polio (IPV or OPV) vaccinations by two years of age.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Polio (IPV/OPV)



# Childhood Immunization Status: Measles, Mumps, Rubella (MMR)

**Definition:** The percentage of children using the HMO who received one dose of the measles, mumps, rubella (MMR) vaccine by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	75.6%	75.6%	76.6%
Quality Compass® .....	*	*	87.1%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**M**easles is a viral disease that causes a rash, cough, runny nose, eye irritation, and fever. In severe cases, it can lead to ear infection, pneumonia, seizures, brain damage, and death.

Mumps is a viral disease that causes fever, headache, and swollen glands. It can lead to deafness, meningitis, and death.

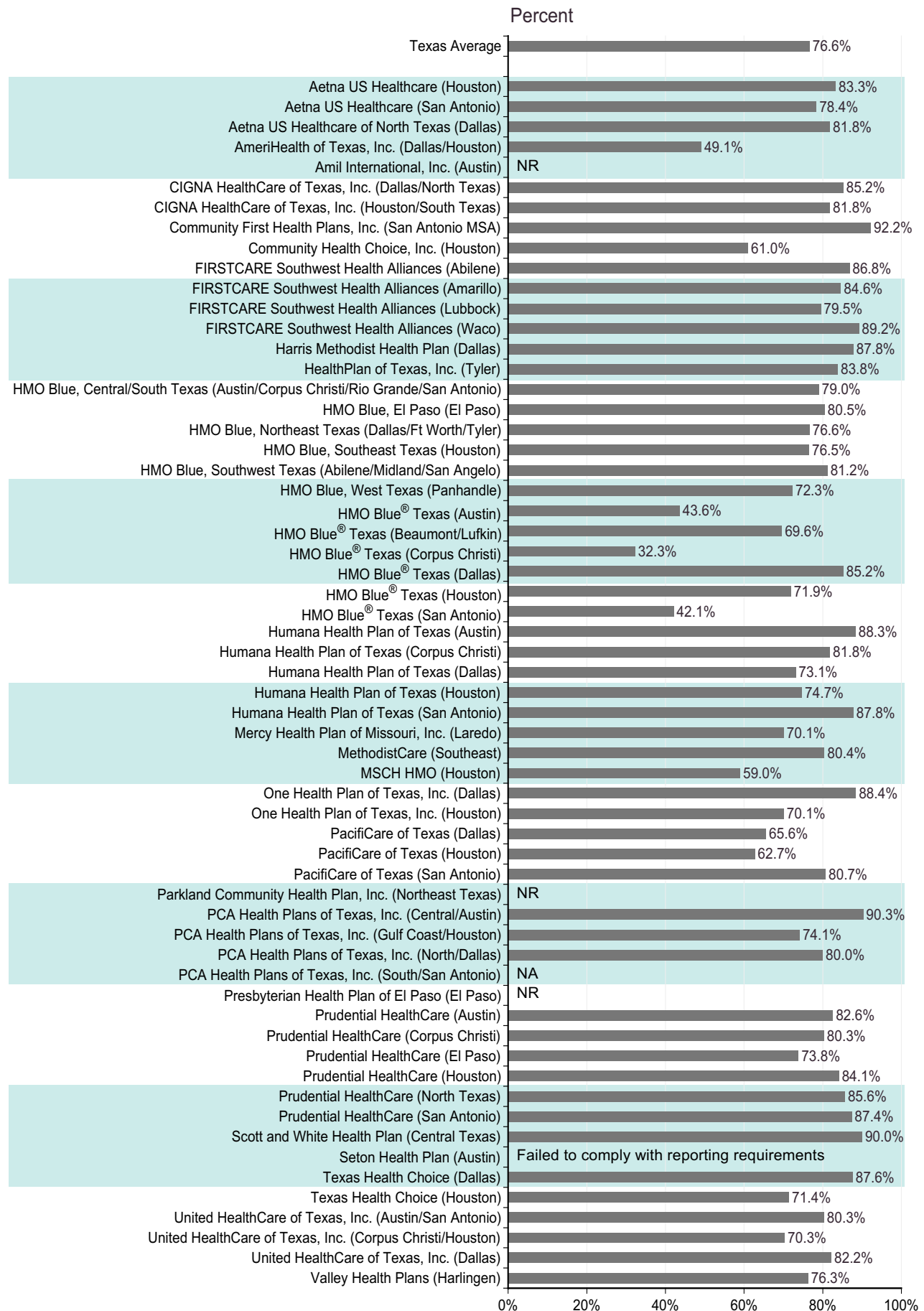
Rubella, or German measles, is a viral disease that causes rash, mild fever, and arthritis. Pregnant women who get rubella are at greater risk for miscarriage or have a baby born with serious birth defects.

The bar chart on the next page shows the percentage of children using the HMO who received one dose of the measles, mumps, rubella (MMR) vaccination (or a seropositive test result for MMR) by two years of age.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Measles, Mumps, Rubella (MMR)



# Childhood Immunization Status: Haemophilus Influenzae Type B (Hib)

**Definition:** The percentage of children using the HMO who received at least two Haemophilus Influenzae type b vaccines by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	64.9%	65.0%	67.0%
Quality Compass® .....	*	*	80.7%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

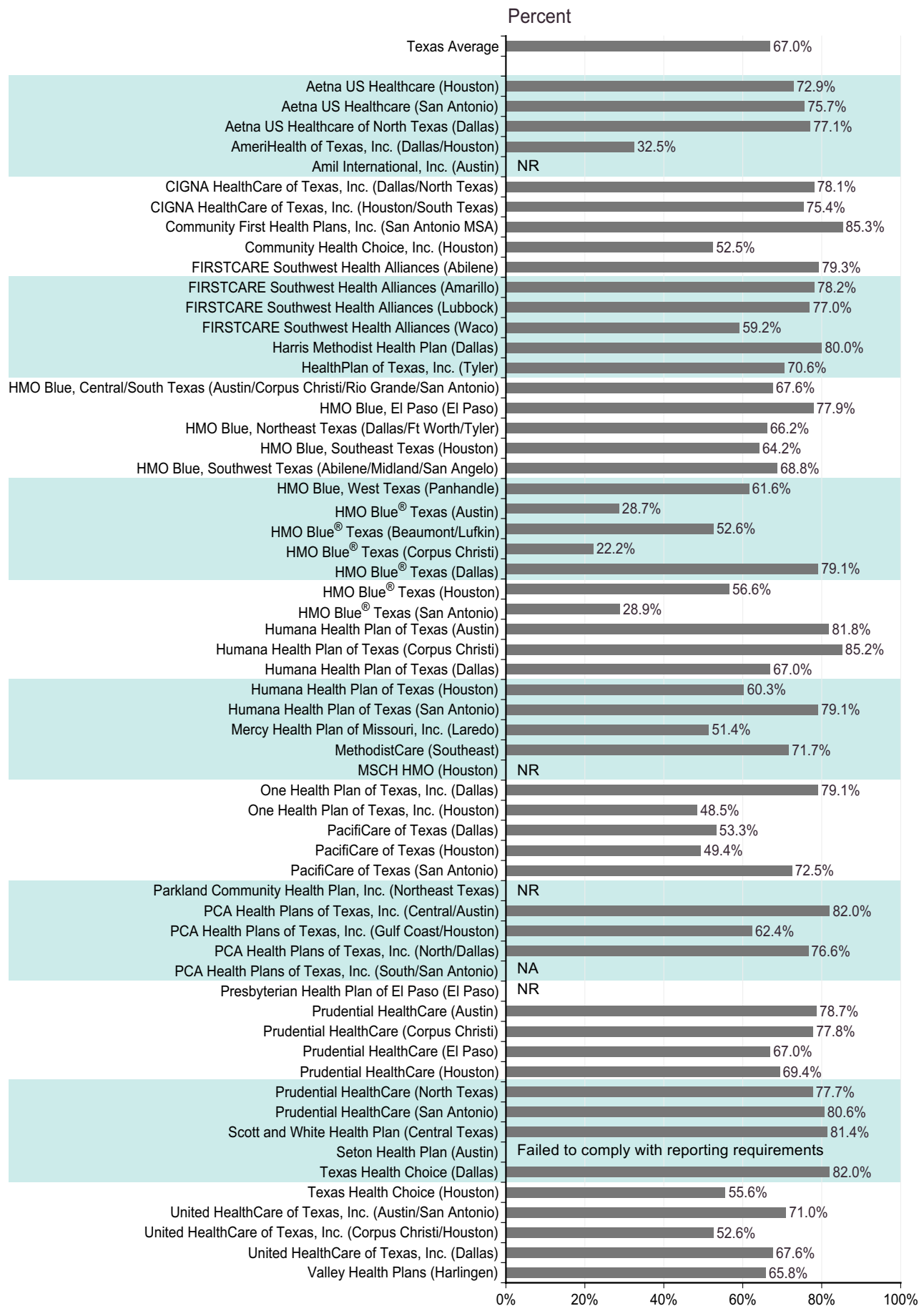
**B**efore the Hib vaccine became available, Haemophilus Influenzae type b (Hib) was the most common cause of bacterial meningitis in U.S. infants and children. About one in every 200 children under the age of five became infected by an invasive Hib disease. On average, 600 children died from Hib meningitis each year in the United States. The incidence of Hib has declined 98% since the widespread use of the vaccine starting in 1987.<sup>1</sup> Nationally, between 1994 and 1998, there were fewer than 10 fatal cases of invasive Hib reported each year.<sup>1</sup>

The bar chart on the next page shows the percentage of children using the HMO who received at least two Hib vaccinations by two years of age.

1. Centers for Disease Control and Prevention - National Immunization Program, "What would happen if we stopped vaccinations?" March 28, 2000.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Haemophilus Influenzae Type B (Hib)



# Childhood Immunization Status: Hepatitis B (Hep B)

**Definition:** The percentage of children using the HMO who received three hepatitis B vaccinations by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	62.9%	58.2%	58.6%
Quality Compass® .....	*	*	75.6%

\* Value not established or not obtained.

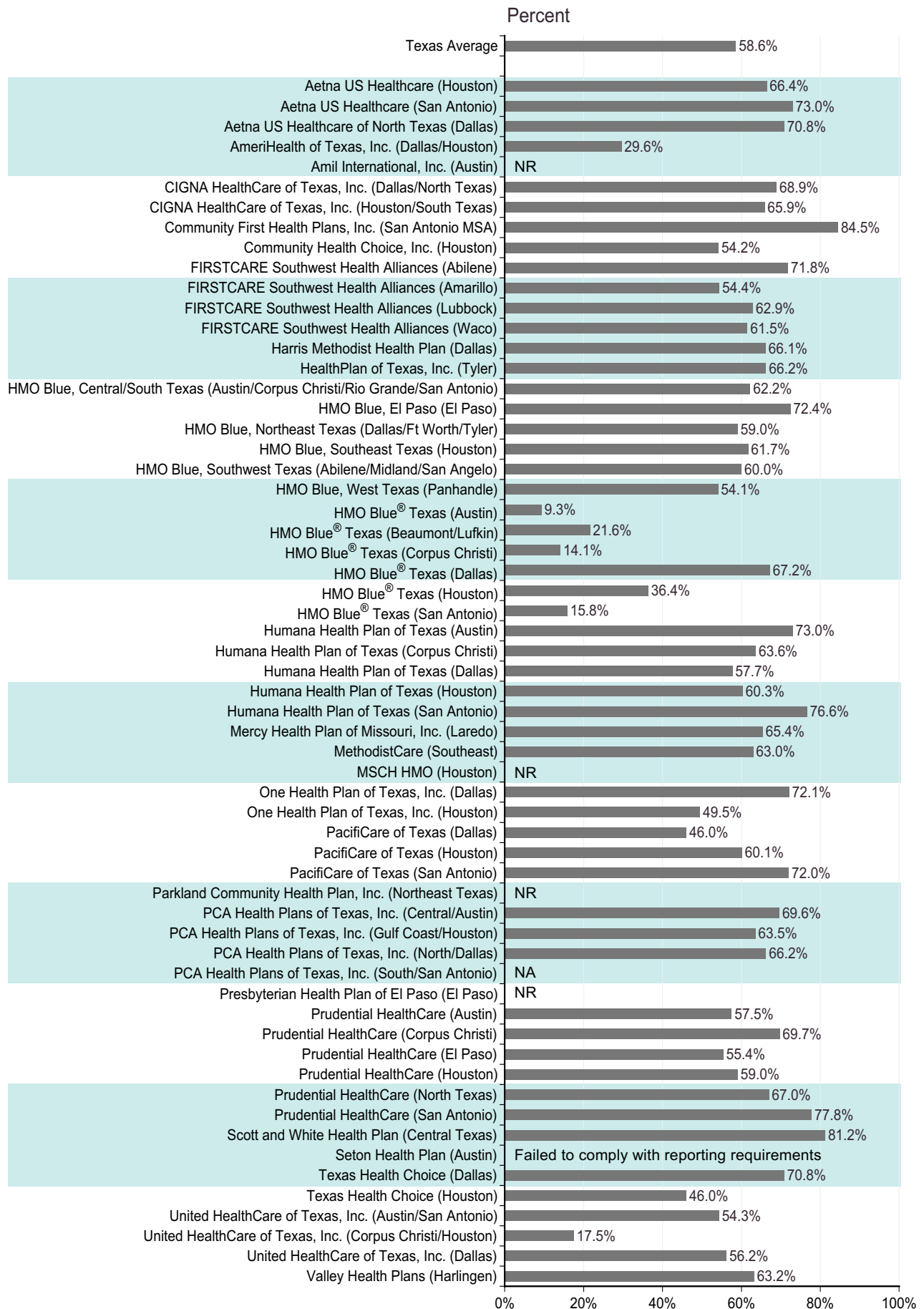
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**H**epatitis B, a virus spread through contact with an infected person's body fluids, can lead to loss of appetite, fatigue, diarrhea, vomiting, jaundice, and muscle, stomach or joint pain. Ultimately, hepatitis B may cause liver damage (cirrhosis), liver cancer, and even death. The risk of severe complications is greatest among children. Vaccination for hepatitis B by age two reduces or eliminates the risk of contracting the disease.

The bar chart on the next page shows the percentage of children using the HMO who received three hepatitis B vaccinations by the age of two.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Hepatitis B (Hep B)



# Childhood Immunization Status: Varicella/Chicken Pox (VZV)

**Definition:** The percentage of children using the HMO who received at least one Varicella (VZV) vaccine by two years of age.

State and National Averages	1997	1998	1999
Texas Average .....	38.3%	53.3%	62.8%
Quality Compass® .....	40.1%	51.9%	63.9%

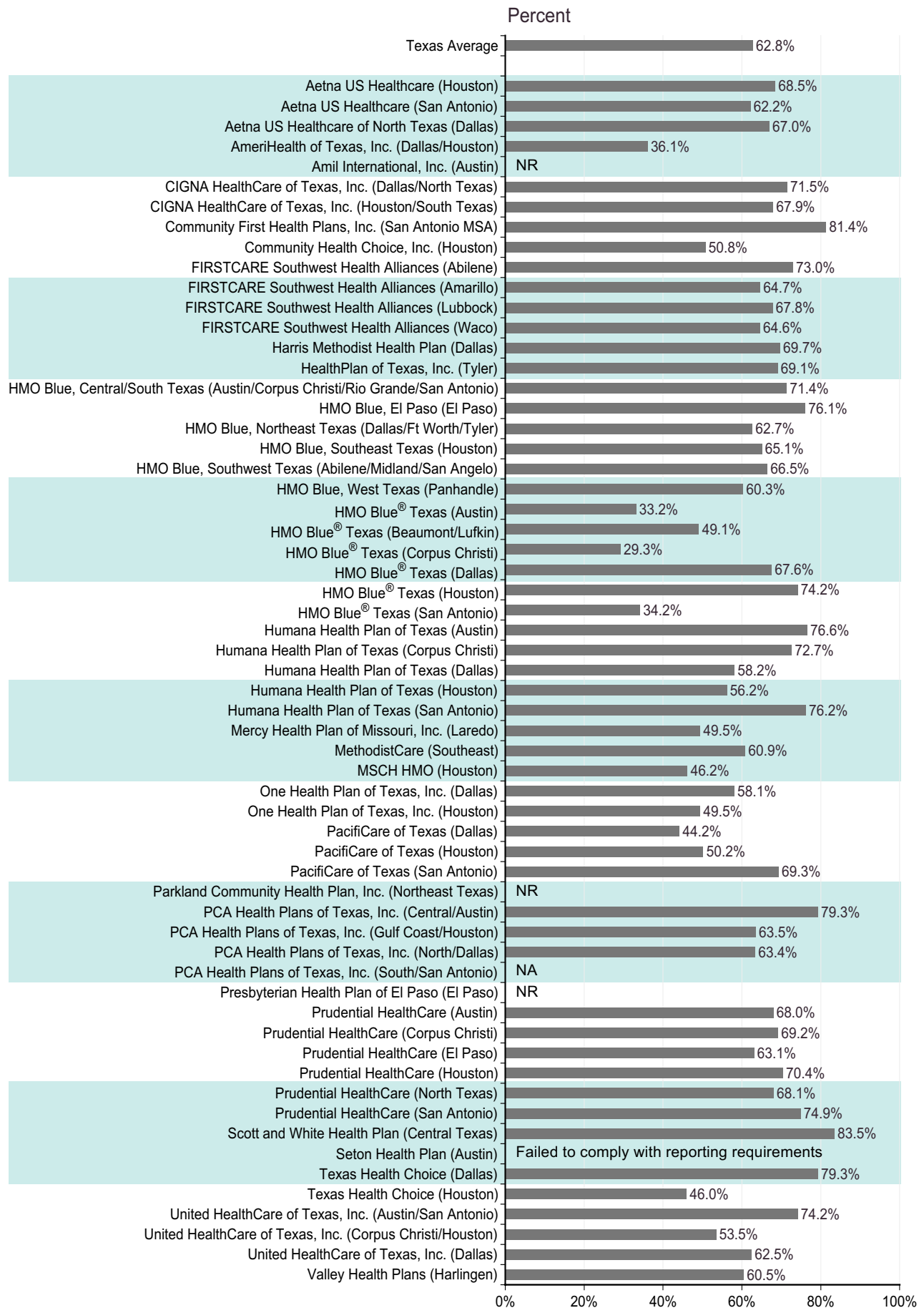
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Varicella, or chicken pox, is a highly contagious virus of the herpes family. It spreads by coughing, sneezing, or contact with fluid from a chicken pox blister. Varicella is characterized by an itching rash, fatigue, and fever. Although most cases of chicken pox are mild, approximately 12,000 cases result in hospitalization and 100 cases result in death in the United States each year. The impact of Varicella is more serious among people 13 years of age and older. Among these individuals, chicken pox can lead to severe skin infections, scars, pneumonia, brain damage, or even death. Most people who receive the vaccine never get chicken pox. If a child does get Varicella after vaccination, the disease is usually very mild with few blisters, less likely to cause a fever, and the child tends to recover faster.

The bar chart on the next page shows the percentage of children using the HMO who received at least one Varicella vaccine by two years of age.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Childhood Immunization Status: Varicella/ Chicken Pox (VZV)



# Adolescent Immunization Status: Measles, Mumps, Rubella (MMR)

**Definition:** The percentage of children using the HMO who received a second dose of the measles, mumps, rubella (MMR) vaccine by 13 years of age.

State and National Averages	1997	1998	1999
Texas Average .....	41.3%	40.7%	40.4%
Quality Compass® .....	52.2%	52.3%	59.0%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

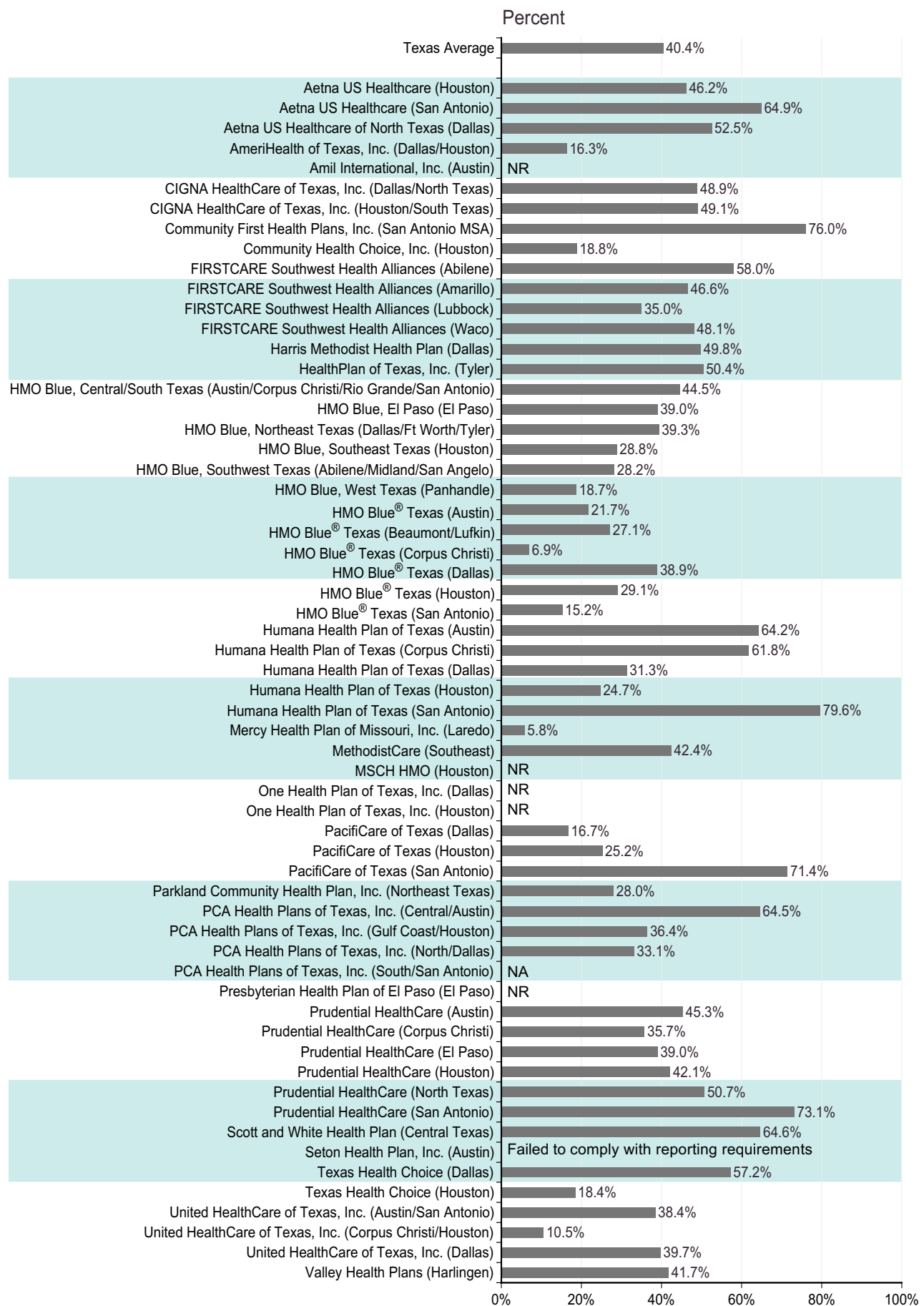
Measles, mumps, and rubella (German measles) are serious diseases that are easily prevented by vaccination. Most children should have a total of two doses of MMR vaccine, the first between 12 to 15 months of age and the second between 4 to 6 years of age.<sup>1</sup>

The bar chart on the next page shows the percentage of children using the HMO who received a second dose of the measles, mumps, rubella (MMR) vaccination recommended by the American Academy of Pediatrics by 13 years of age.

1. National Immunization Program (1998) Measles, Mumps & Rubella Vaccines: What You Need to Know. [Brochure]. Centers for Disease Control and Prevention, U.S. Department of Health & Human Services.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Adolescent Immunization Status: Measles, Mumps, Rubella (MMR)



# Breast Cancer Screening

**Definition:** The percentage of women 52 through 69 years of age using the HMO who received a mammogram during the past two years.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average .....	64.9%	66.2%	67.2%
Quality Compass® .....	71.3%	72.2%	73.4%
Healthy People 2000 Goal .....	60.0%		

† Rotated measure - 56.7% of the Texas plans reported data from 1998, 36.7% reported data from 1999, and 6.7% did not report.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

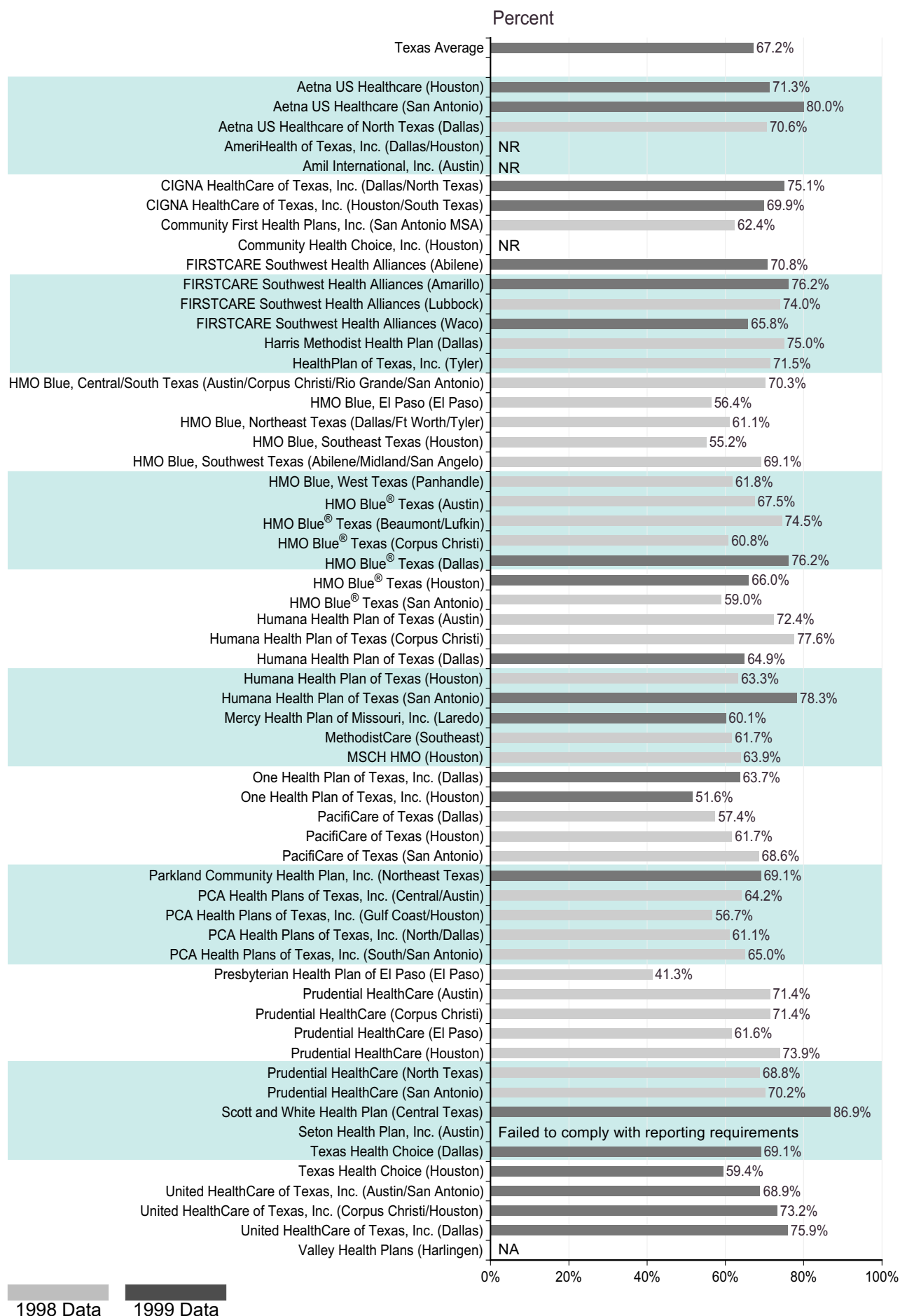
**B**reast cancer is the second most common form of cancer among American women with 184,300 new cases reported each year.<sup>1</sup> Mammograms, which are x-rays of the breast that can identify tumors too small to be felt, are the most effective method for detecting breast cancer in a stage when it is most treatable. According to the American Cancer Society, more than 46,000 women in the U.S. die from breast cancer each year.<sup>2</sup> Mammography screening has been shown to reduce mortality due to breast cancer by 20 to 40 percent among women age 50 and older.<sup>1</sup>

The bar chart on the next page shows the percentage of women age 52 through 69 years of age using the HMO who received a mammogram during the past two years.

1. HEDIS® 2000, volume 1: Narrative-What's in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.
2. HEDIS® 3.0/1998, volume 1: Narrative-What's in It and Why It Matters (1997), National committee for Quality Assurance, Washington, D.C.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Breast Cancer Screening



# Cervical Cancer Screening

**Definition:** The percentage of women 21 through 64 years of age using the HMO who received a Pap smear test during the past three years.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average .....	64.2%	61.3%	63.7%
Quality Compass® .....	71.3%	69.9%	71.8%
Healthy People 2000 Goal .....	85.0%		

<sup>†</sup> Rotated measure - 65% of the Texas plans reported data from 1998, 26.7% reported data from 1999, and 8.3% did not report.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

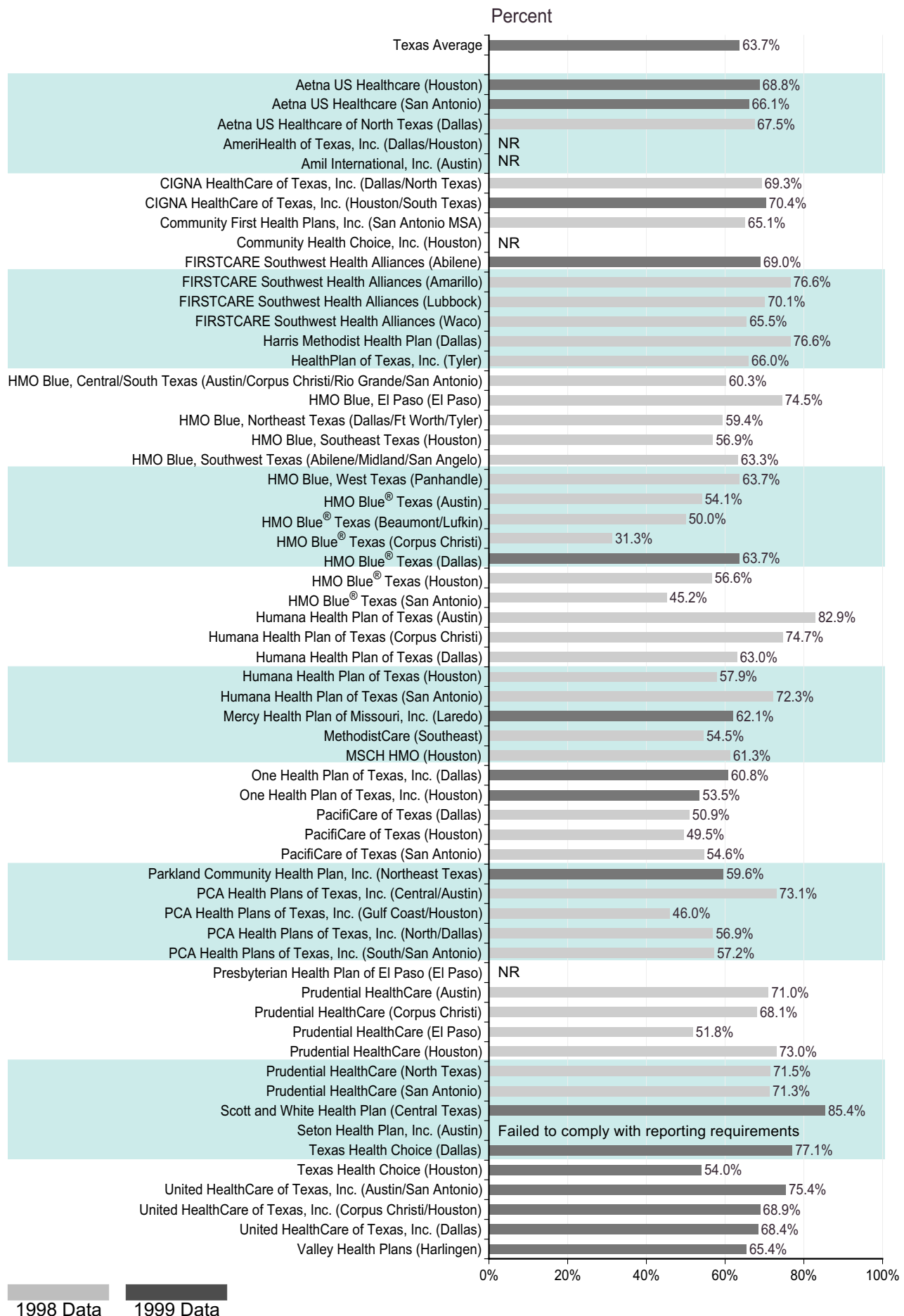
Cervical cancer often has no recognizable symptoms until it is at an advanced stage. However, when detected early, cervical cancer can almost always be cured. Approximately 13,000 new cases of cervical cancer are diagnosed each year and about 4,800 women die from this disease per year. Most of these deaths could have been prevented by a routine Pap smear. Early detection, through Pap screening, has dramatically reduced the incidence and mortality from invasive cervical cancer, contributing to a 75% decline in the overall number of deaths from this disease.<sup>1</sup>

The bar chart on the next page shows the percentage of women age 21 through 64 using the HMO who received a Pap smear test during the past three years.

1. HEDIS® 2000, Volume 1: Narrative-What's in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Cervical Cancer Screening



# Prenatal Care in the First Trimester

**Definition:** The percentage of women using the HMO who delivered a live birth during the year and had a prenatal care visit during the first trimester of pregnancy.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average .....	78.9%	80.5%	79.7%
Quality Compass® .....	83.1%	83.6%	85.1%
Healthy People 2000 Goal .....	90.0%		

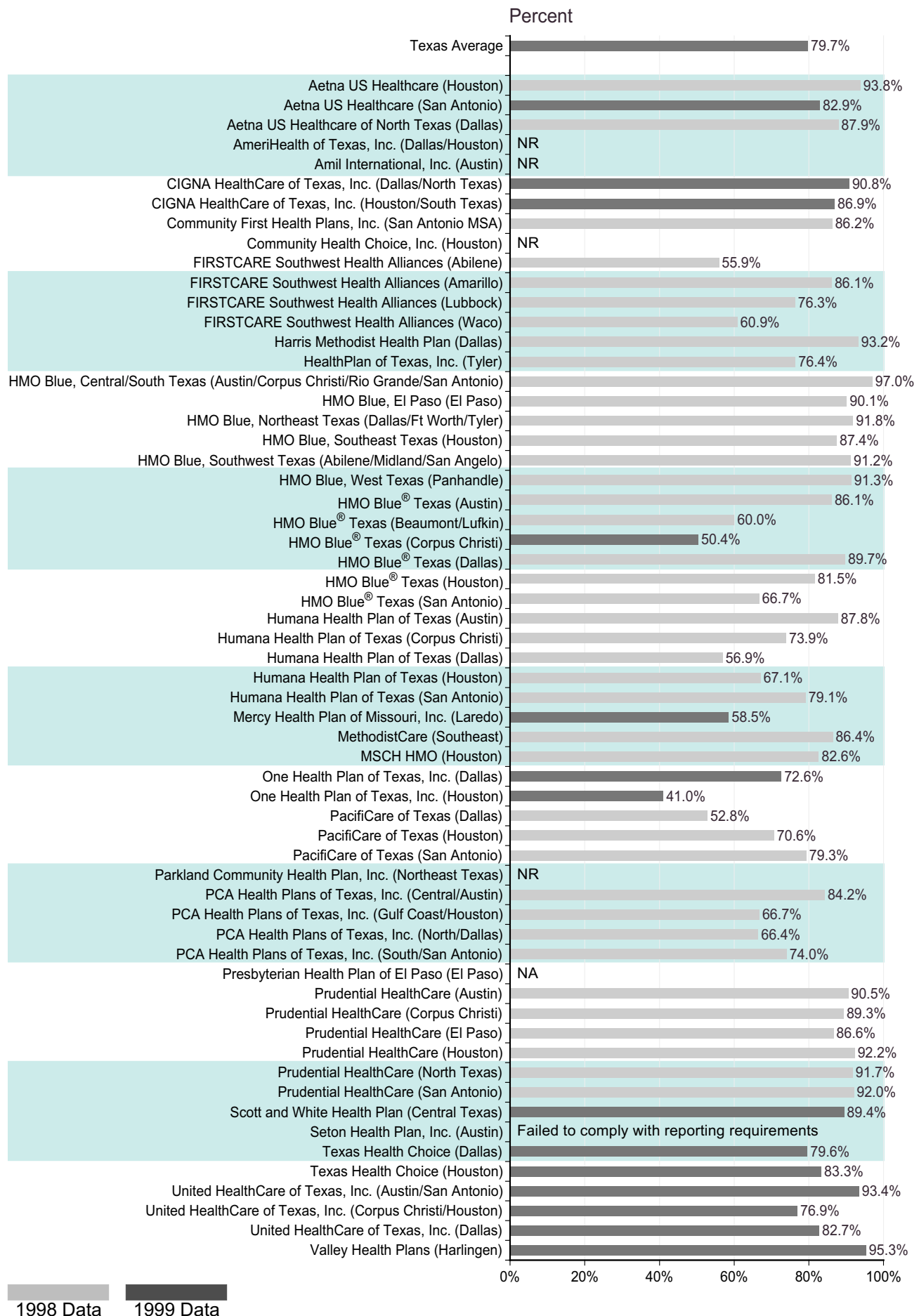
† Rotated measure - 68.3% if the Texas plans reported data from 1998, 23.3% reported data from 1999, and 8.3% did not report.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Early and regular prenatal care increases the likelihood that a woman will deliver a healthy, full-term baby because it allows doctors to identify and treat problems before they threaten the health of either the mother or the baby. The *Healthy People 2000* goal is for 90% of all pregnant women to receive a prenatal exam in the first trimester of pregnancy. Early prenatal screening identifies high-risk women, resulting in appropriate intervention and treatment. Conversely, a lack of prenatal care is strongly associated with low birth weight or premature delivery, which in turn may contribute to both maternal and fetal complications.

The bar chart on the next page shows the percentage of women using the HMO who received their first prenatal care visit during the first three months of pregnancy.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Prenatal Care in the First Trimester



# Check-Ups After Delivery

**Definition:** The percentage of women using the HMO who delivered a live birth during the year and received a postpartum check-up between 21 days and 56 days after delivery.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average .....	59.2%	59.9%	60.7%
Quality Compass® .....	66.2%	70.1%	72.3%

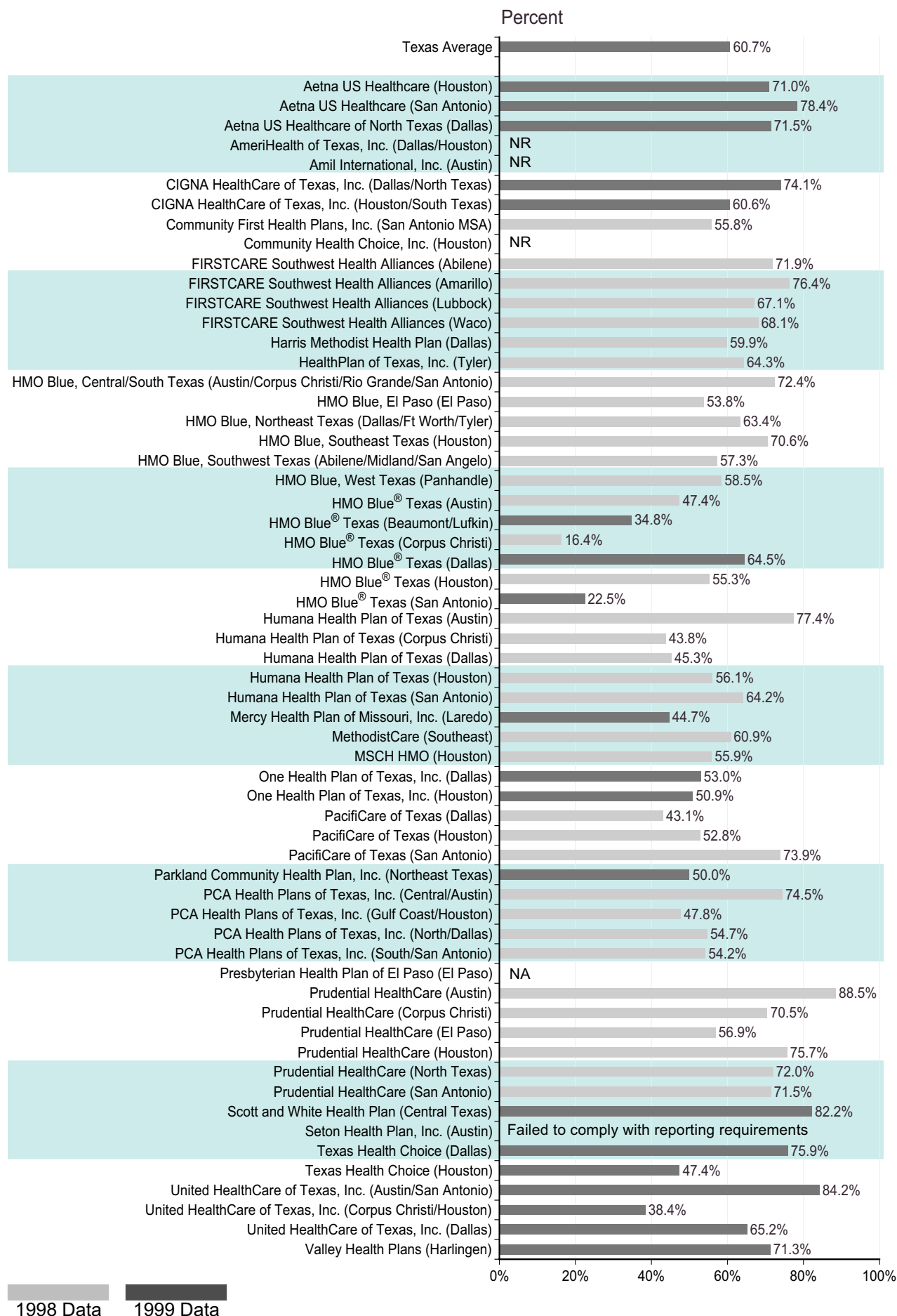
† Rotated measure - 61.7% of the Texas plans reported data from 1998, 31.7% reported data from 1999, and 6.7% did not report.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

The month and a half immediately following birth is a period of significant physical, emotional, and social change for a mother. The American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 to 6 weeks after delivery so a physician can evaluate the patient's health status, answer questions, and offer advice and assistance to the new mother.

The bar chart on the next page shows the percentage of women using the HMO with a live birth who received a postpartum check-up after delivery.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Check-Ups After Delivery



# Cholesterol Management After Acute Cardiovascular Events: LDL-C Screening

**Definition:** The percentage of members age 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) screening performed on or between 60 and 365 days after discharge for an acute cardiovascular event.

State and National Averages	1997	1998	1999
Texas Average .....	*	51.8%	62.4%
Quality Compass® .....	*	59.1%	68.9%

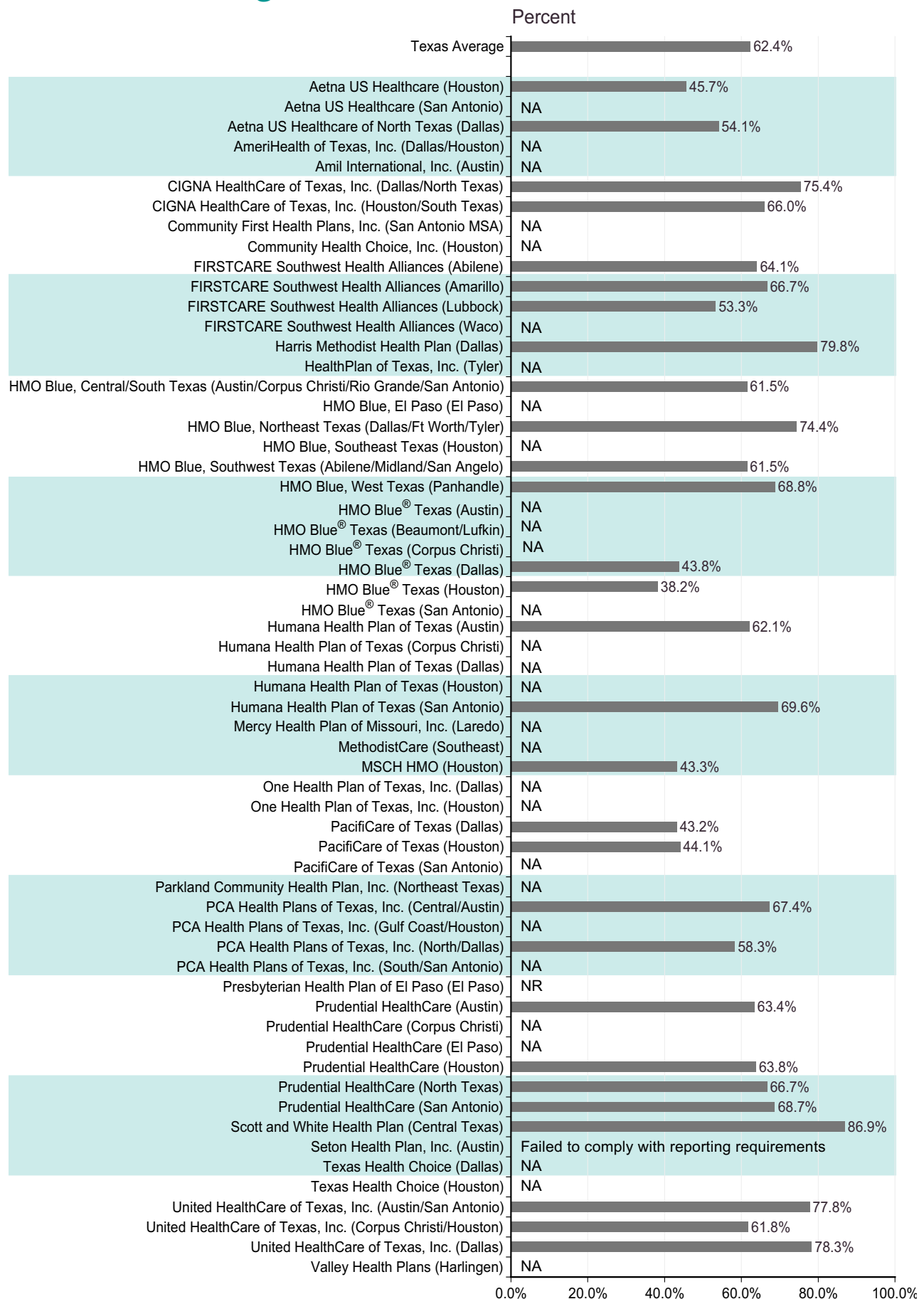
\* Value not established or not obtained.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Heart disease, the single leading cause of death in the United States, contributes to almost half a million deaths a year. Blood cholesterol [especially Low Density Lipoprotein-Cholesterol (LDL-C)] is directly related to the development of coronary artery disease and coronary heart disease. High LDL-C levels indicate that cholesterol has built up in the walls of the artery and may increase the risk of a heart attack or stroke.

The bar chart on the next page shows the percentage of members 18 through 75 years of age who were discharged in the year prior to the reporting year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of LDL-C screening on or between 60 and 365 days after discharge.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Cholesterol Management After Acute Cardiovascular Events: LDL-C Screening



# Cholesterol Management After Acute Cardiovascular Events: LDL-C Level

**Definition:** The percentage of members 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) level of less than 130 mg/dL performed on or between 60 and 365 days after discharge for an acute cardiovascular event.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	31.7%
Quality Compass® .....	*	*	45.3%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

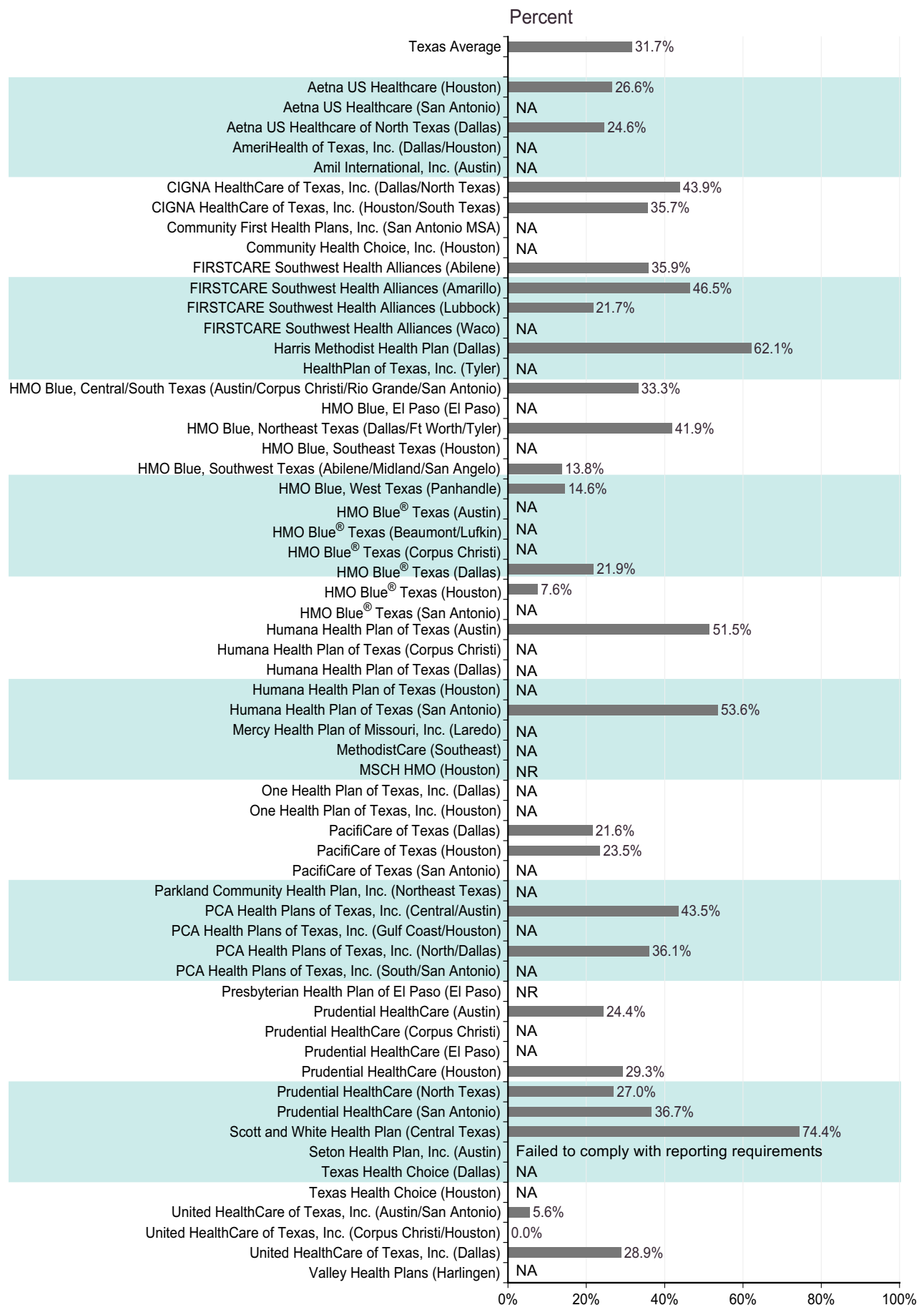
**R**educing cholesterol in patients with known heart disease can reduce morbidity and mortality by as much as 40 percent. A diet low in saturated fat and cholesterol, exercise, and lipid-lowering medications can effectively lower cholesterol.

The bar chart on the next page shows the percentage of members age 18 through 75 years of age who were discharged in the year prior to the reporting year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of an LDL-C level of less than 130 mg/dL on or between 60 and 365 days after discharge.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Cholesterol Management After Acute Cardiovascular Events: LDL-C Level



# Comprehensive Diabetes Care: HbA1c Testing

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had one or more HbA1c tests conducted within the past year.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	68.0%
Quality Compass® .....	*	*	75.1%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

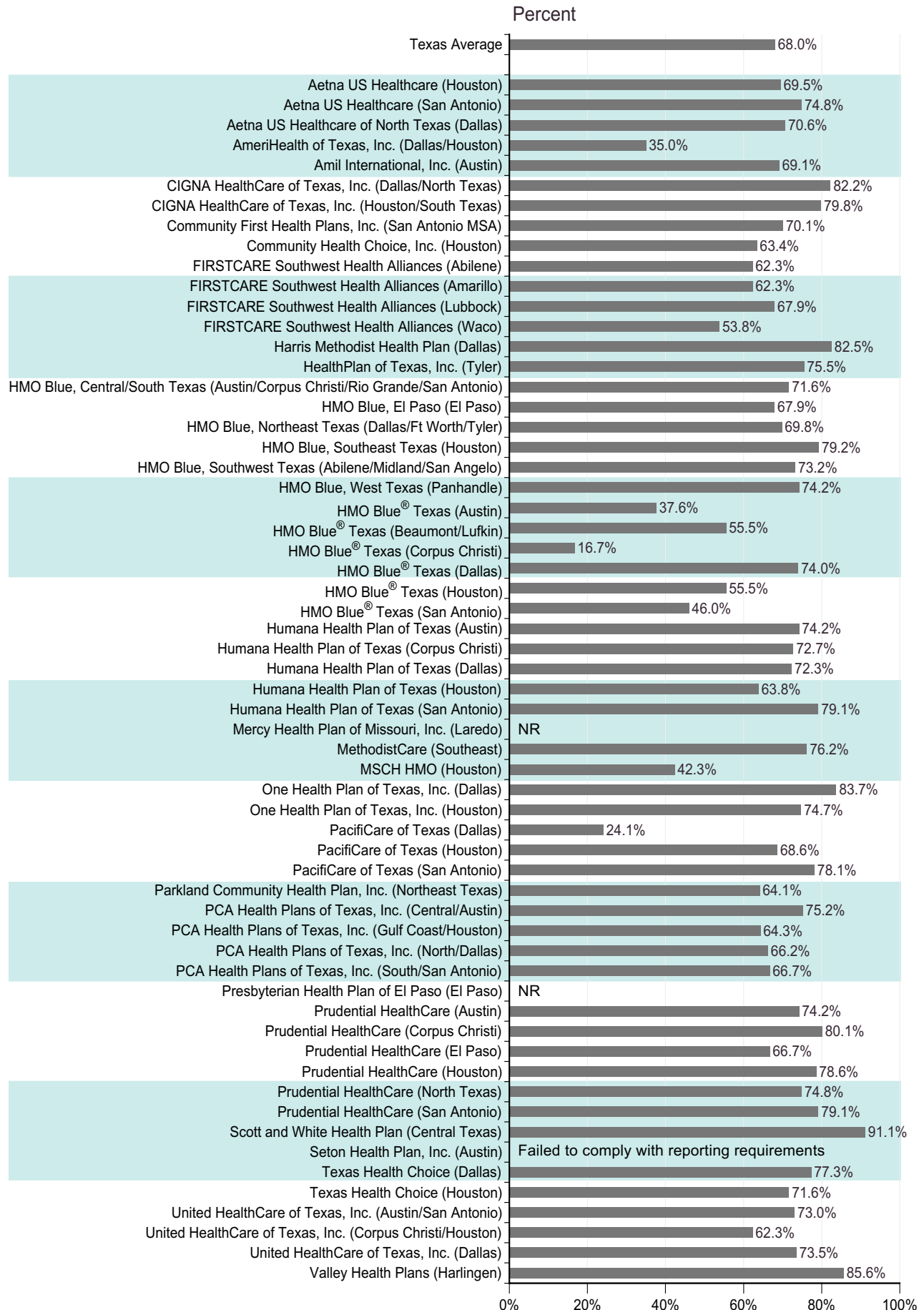
The hemoglobin A1c test (HbA1c) is a simple lab test that measures the average amount of sugar (glucose) that has been in a person's blood over the last three months. The test shows if a person's blood sugar is under control.

All people with diabetes should have a hemoglobin A1c test at least twice a year.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had at least one HbA1c test conducted within the past year.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care HbA1c Testing



# Comprehensive Diabetes Care: Poor HbA1c Control

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent HbA1c level greater than 9.5 percent during the past year.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	55.5%
Quality Compass® .....	*	*	44.8%

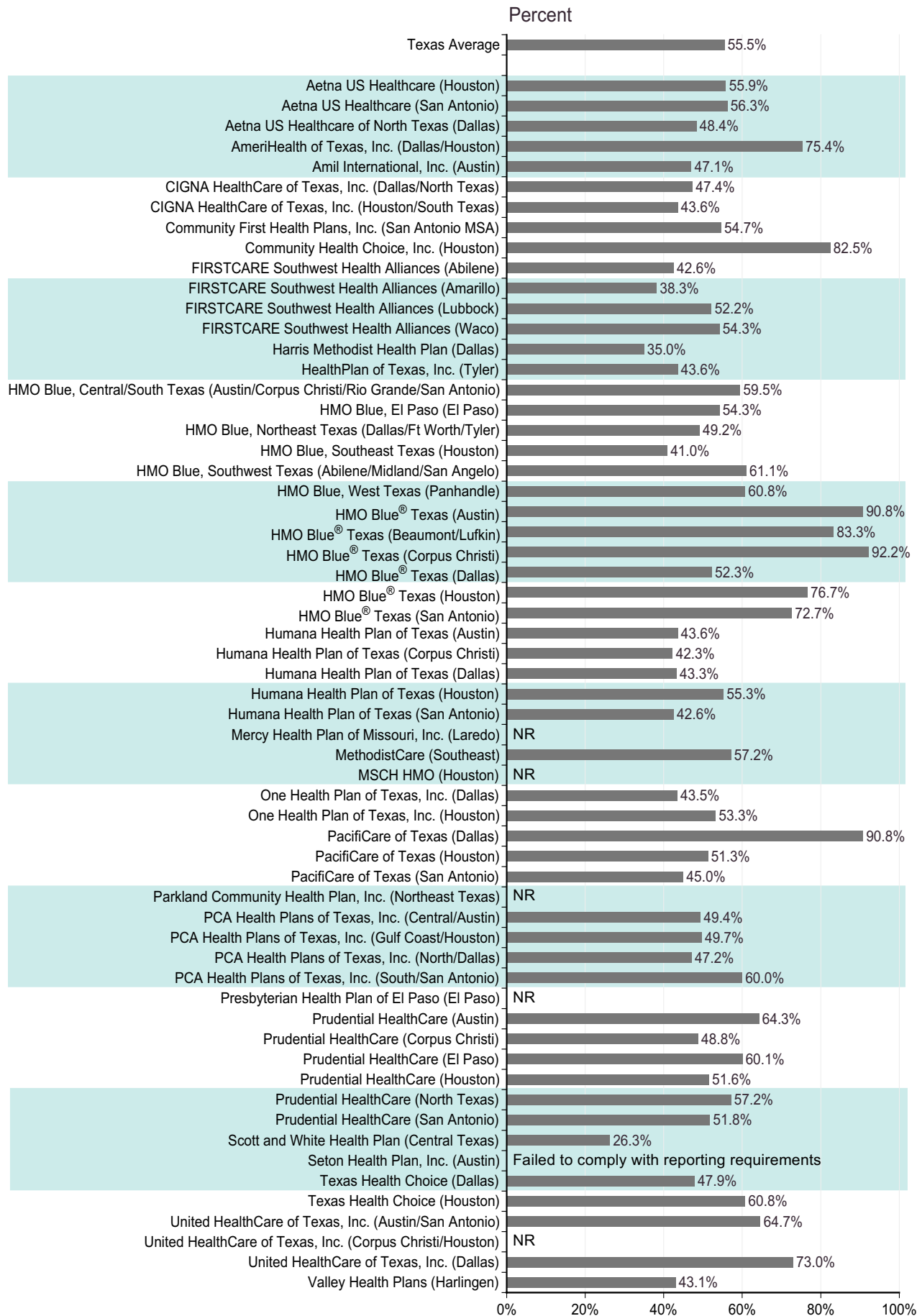
\* Value not established or not obtained.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Diabetics who keep their HbA1c levels close to seven percent have a much better chance of delaying or preventing problems that affect the eyes, kidneys, and nerves than do diabetics with levels eight percent or higher. The American Diabetes Association recommends that the goal of therapy should be an HbA1c level of less than seven percent and that physicians should reevaluate the treatment regimes in patients with HbA1c levels consistently above eight percent.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had their most recent HbA1c level greater than 9.5 percent within the past year.

Note - Lower rates are better for this measure.  
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: Poor HbA1c Control



# Comprehensive Diabetes Care: Eye Exam

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had an eye screening for diabetic retinal disease within the past year.

State and National Averages	1997	1998	1999
Texas Average .....	32.0%	33.2%	34.3%
Quality Compass® .....	38.8%	41.4%	45.3%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Diabetes is the leading cause of new cases of blindness among people age 20 to 74 years of age. Each year between 12,000 and 24,000 people lose their sight due to diabetes.

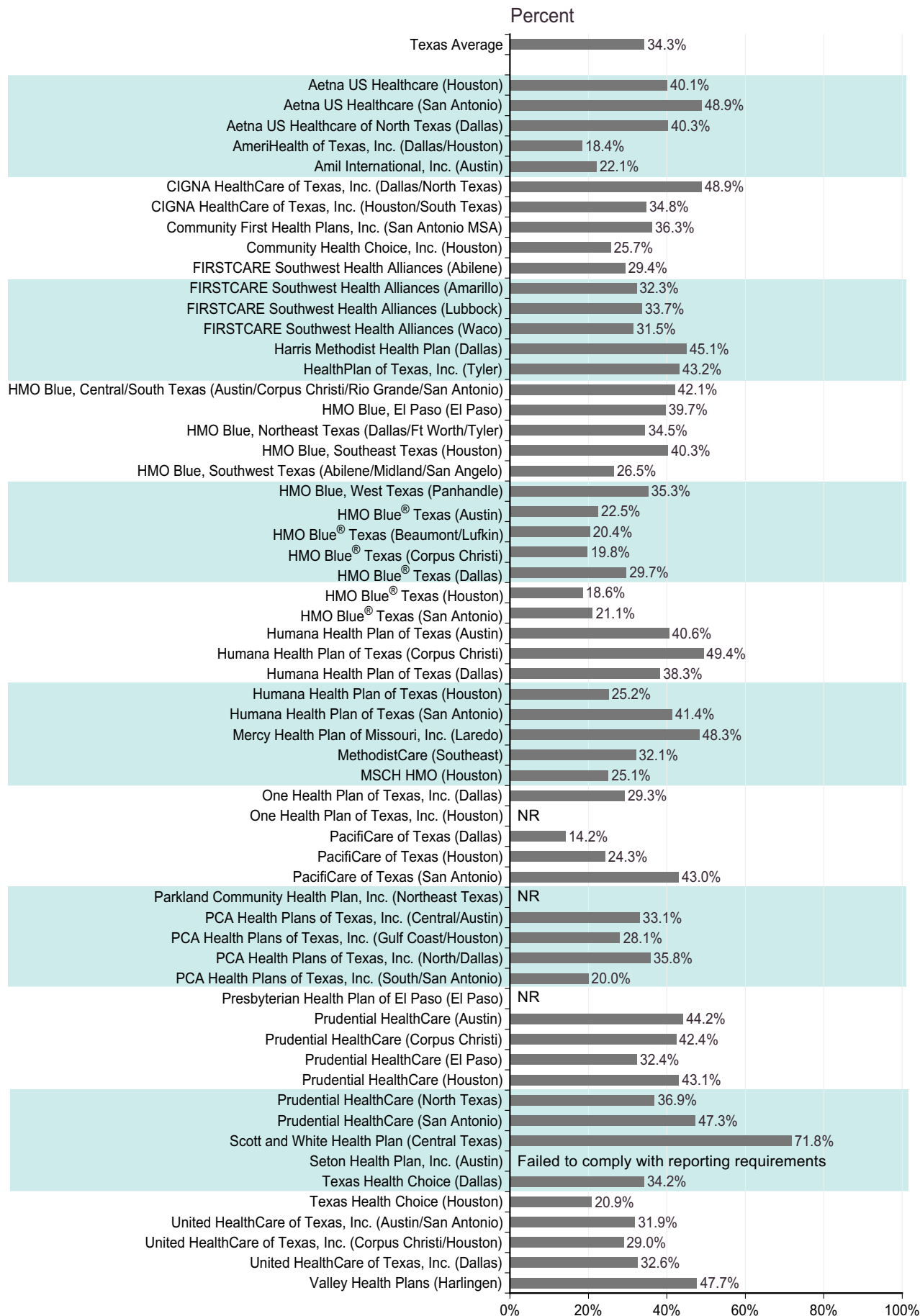
Diabetic retinopathy describes the abnormalities of the small blood vessels of the retina caused by diabetes, such as weakening of blood vessel walls or leakage from blood vessels. Non-proliferative retinopathy is a common, usually mild form of the disease that generally does not interfere with vision. However, if left untreated, this disease can progress to proliferative retinopathy, which occurs when new blood vessels branch out or proliferate in and around the retina. It can cause bleeding into the fluid-filled center of the eye or swelling of the retina ultimately leading to blindness.

The key to preventing diabetes-related eye problems is good control of blood glucose levels, a healthy diet, and good eye care. Because a person with diabetes can have retinopathy and not know it, a regular checkup with an eye doctor is critical for the detection and prevention of the disease and its consequences. Patients with diabetes should see their eye care professional annually for a dilated eye examination.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had an eye screening for diabetic retinal disease within the past year.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: Eye Exam



# Comprehensive Diabetes Care: LDL-C Screening

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had a LDL-C test done within the last two years.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	68.1%
Quality Compass® .....	*	*	69.1%

\* Value not established or not obtained.

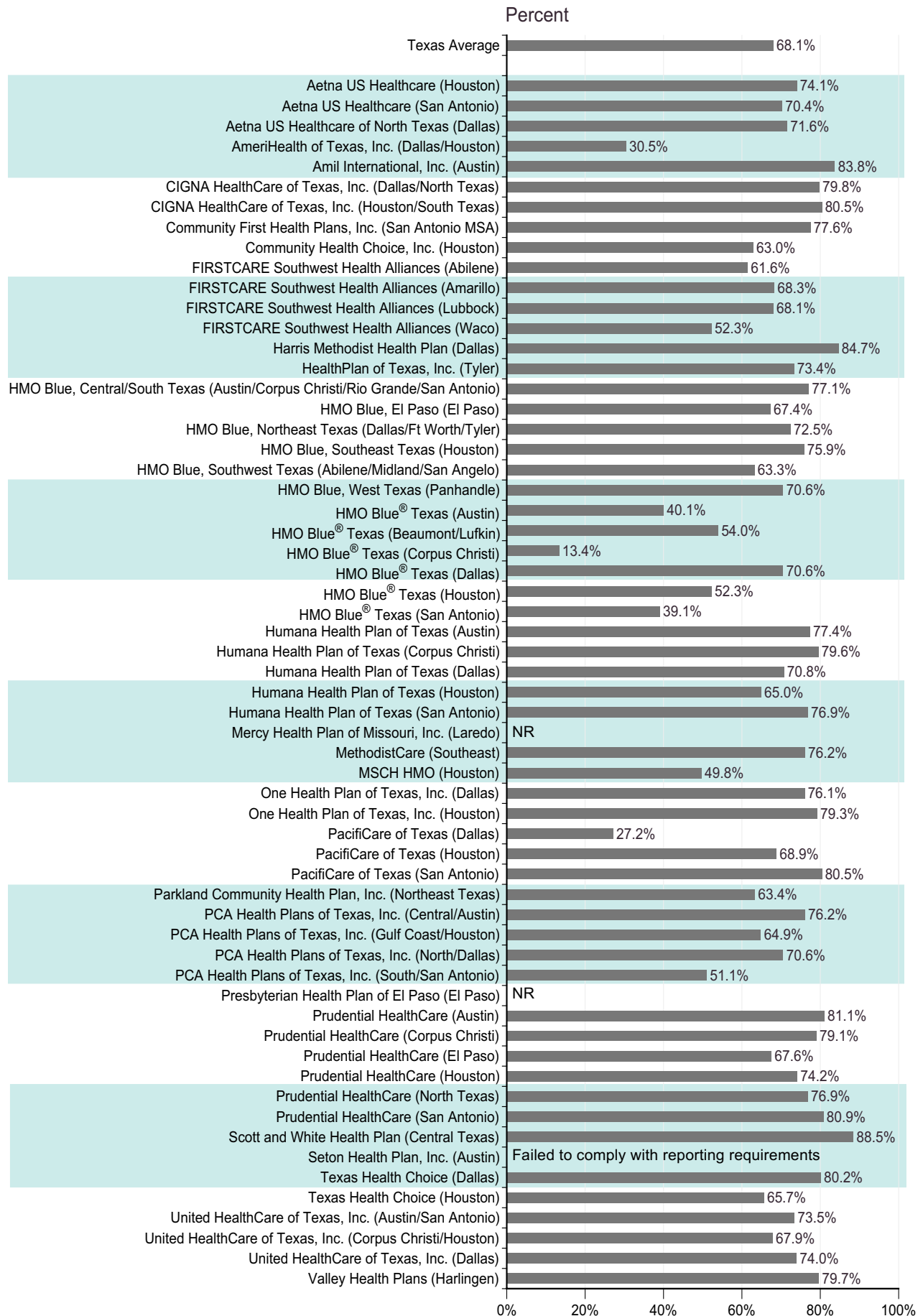
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Lipid profiles can help predict a person's risk of cardiovascular disease, the leading cause of death among people with diabetes in the United States. A lipid profile consists of measurements of total cholesterol, total triglycerides, and high-density lipoproteins (HDLs). Low-density lipoproteins (LDLs) can either be tested separately or calculated by a formula involving the measurements of the other three items. High levels of LDLs in the blood may cause plaque to deposit on the walls of the arteries causing atherosclerosis, which can restrict or obstruct blood flow to the heart. The American Diabetes Association recommends that adults with diabetes have their lipid profiles checked every year.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had a LDL-C test done within the last two years.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: LDL-C Screening



# Comprehensive Diabetes Care: LDL-C Level

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent LDL-C level less than 130 mg/dL within the past two years.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	32.4%
Quality Compass® .....	*	*	36.7%

\* Value not established or not obtained.

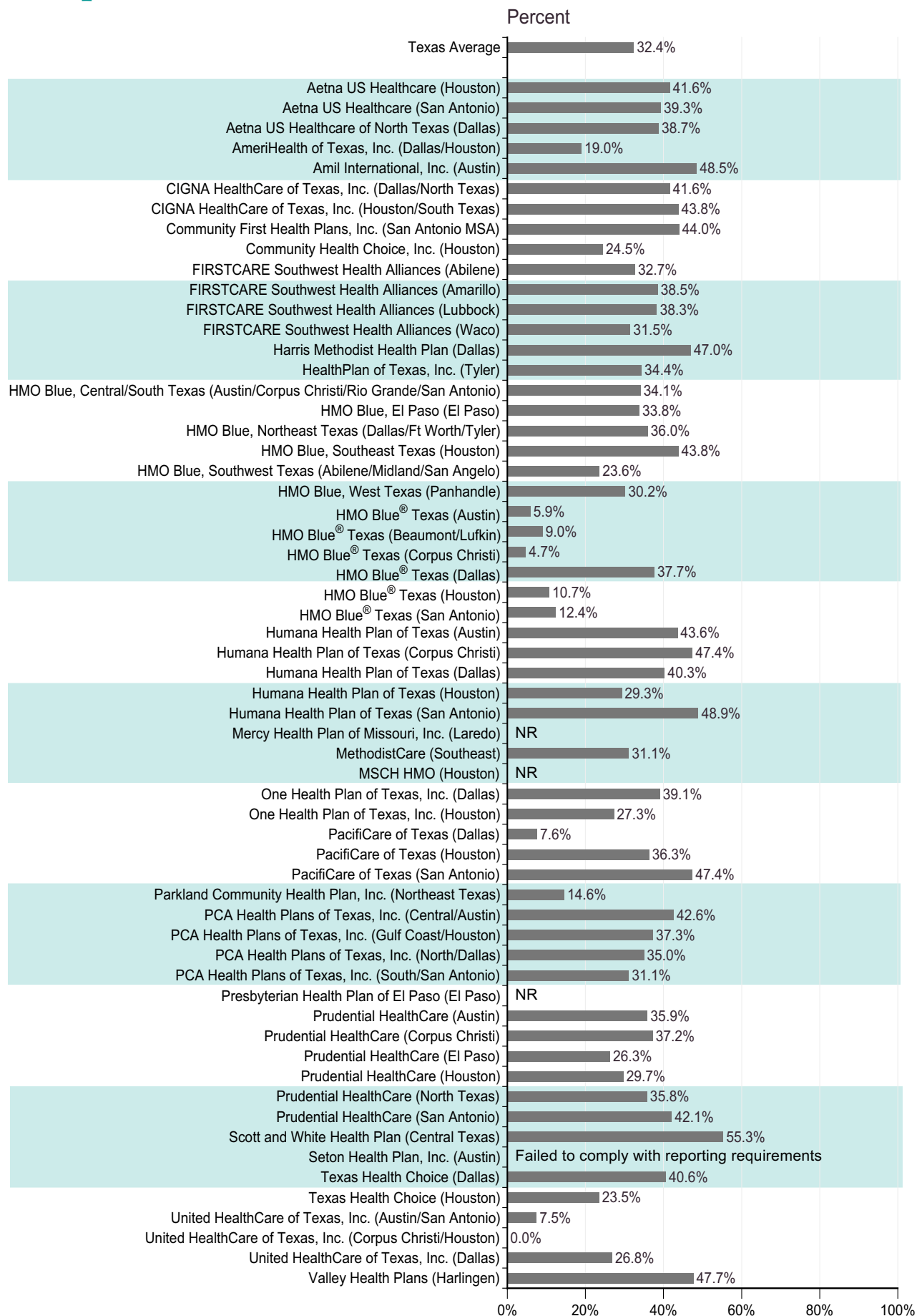
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Because diabetes carries an inherent risk of cardiovascular complications, the American Diabetes Association has established recommended values for HDL and LDL cholesterol. Diabetics with an LDL-C level less than 100 mg/dL are considered low risk, levels of 100-129 mg/dL are considered borderline risk, and levels of 130 mg/dL or more are high risk. Diet and exercise can help bring LDL levels down and reduce the risk of cardiovascular disease. In general, the American Diabetes Association also recommends drug therapy if LDLs do not fall below 130 mg/dL with non-drug therapy such as diet and exercise.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had their most recent LDL-C level less than 130 mg/dL within the past two years.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: LDL-C Level



# Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy

**Definition:** The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had screening for nephropathy or evidence of already having nephropathy within the past year.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	33.3%
Quality Compass® .....	*	*	36.1%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**N**ephropathy, or kidney disease, is a frequent complication of diabetes and often ends in kidney failure or end-stage renal disease. The American Diabetic Association reports that ten to twenty-one percent of all people with diabetes will develop kidney disease.

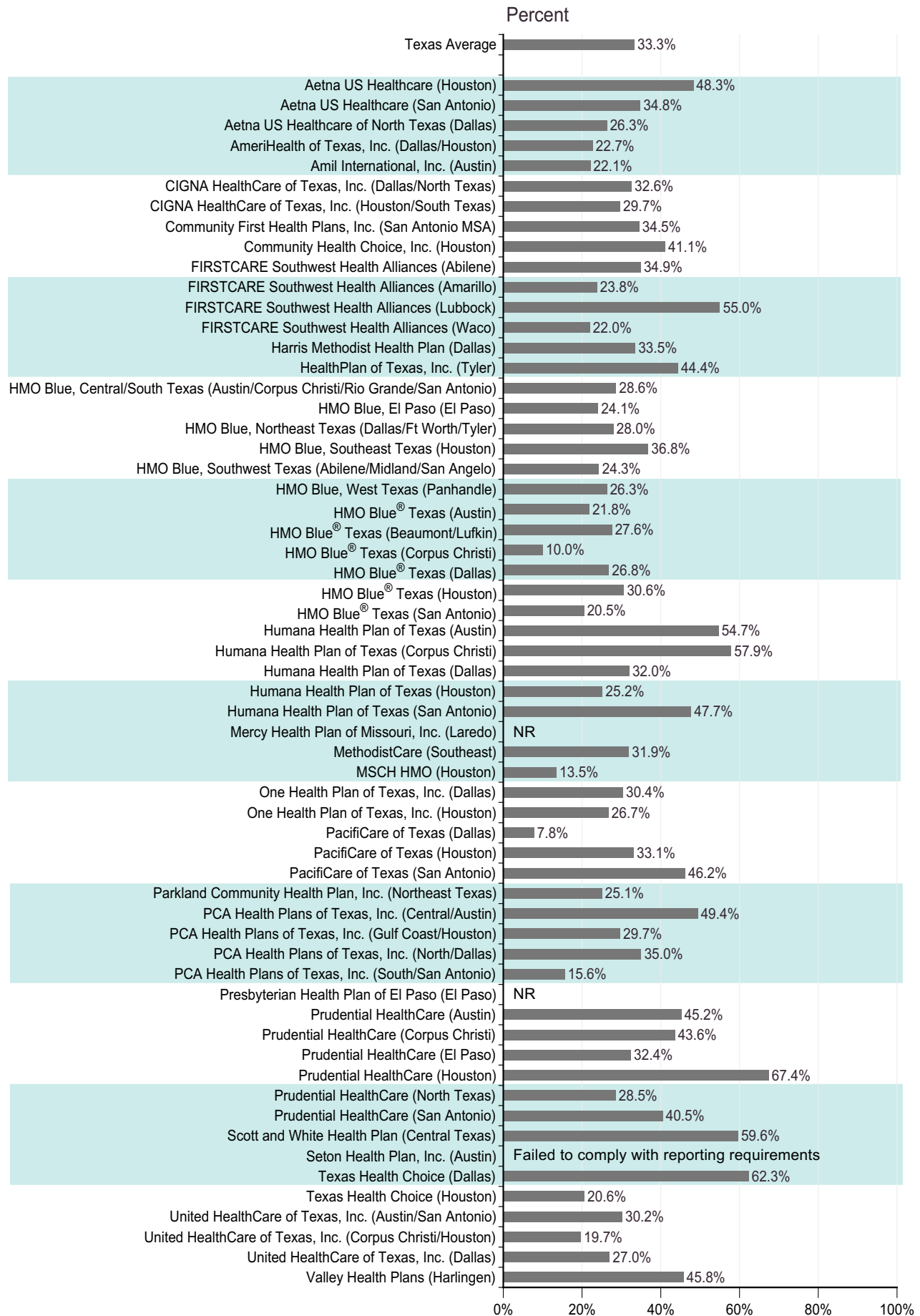
Diabetic nephropathy is a progressive disease that develops over several years. Among healthy individuals, many tiny vessels (nephrons) in the kidney act as filters to remove wastes, chemicals, and excess water from the blood. In diabetic nephropathy, these nephrons are damaged, becoming leaky, and protein eventually spills into the urine. Eventually, the damaged nephrons are destroyed, putting more stress on the remaining “filters” and eventually causing them to become damaged. When the entire filtration system breaks down, the kidneys fail to function causing end-stage renal disease (ESRD). ESRD is a condition where the patient requires dialysis or a kidney transplant in order to survive.

The key to preventing diabetes-related kidney problems begins with good control of blood glucose levels, control of blood pressure, and regular screening by health care professionals.

This bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had screening for nephropathy or evidence of already having nephropathy within the past year.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy



# Follow-Up After Hospitalization for Mental Illness

**Definition:** The percentage of members hospitalized for mental health disorders who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average within 7 days .....	* 37.8%	41.0%	
Texas Average within 30 days .....	66.0%	62.3%	65.7%
Quality Compass <sup>®</sup> within 7 days .....	* 44.6%	47.6%	
Quality Compass <sup>®</sup> within 30 days .....	67.3%	67.4%	70.1%

\* Value not established or not obtained.

† Rotated measure - 33.3% of the Texas plans reported data from 1998, 56.7% reported data from 1999, and 10.0% did not report.

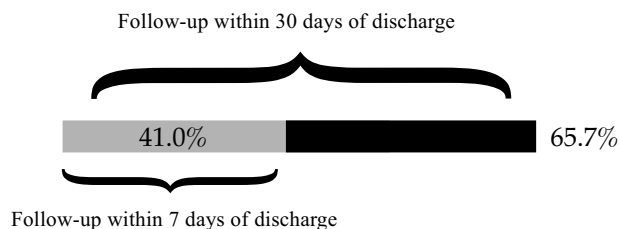
Quality Compass<sup>®</sup> is a national database of health plan specific performance information voluntarily reported to NCQA.

A significant number of individuals suffer from some form of mental illness during their life, yet few of them are medically diagnosed. For example, suicide - a very real risk to individuals with mental illness - causes upwards of 15% of all deaths associated with untreated mood disorders.<sup>1</sup>

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner within 30 days of discharge is necessary to ensure that the patient's transition to home or work is supported and that gains made during hospitalization are maintained.

The bar chart on the next page shows the percentage of members hospitalized for mental health disorders in the HMO service area who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital. The light gray portion of the graph represents percentages of patient follow-up within 7 days of discharge. The total bar (gray + black) represents follow-up within 30 days of discharge from the hospital (see example below).

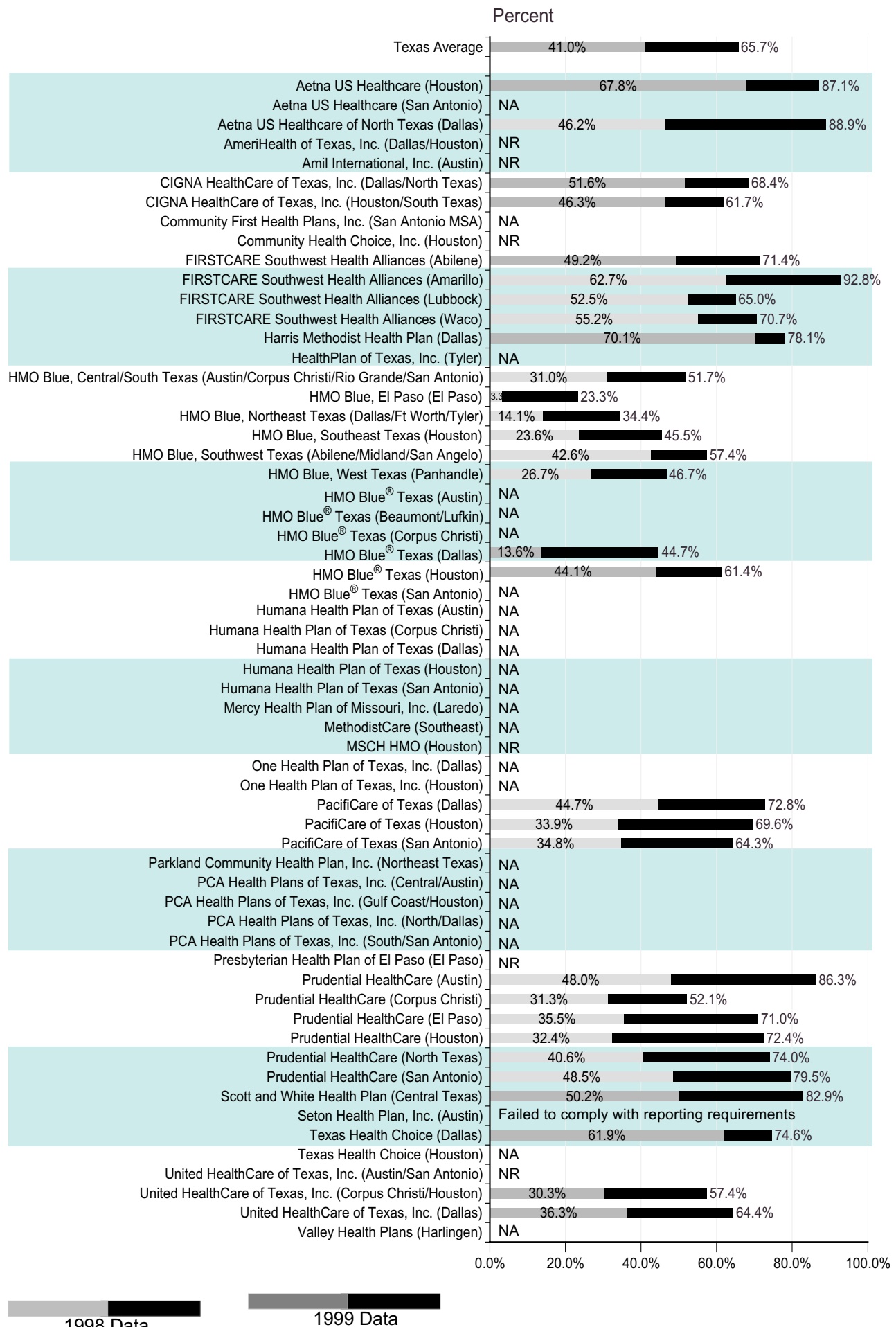
1. (HEDIS<sup>®</sup>) 2000, Volume 1: Narrative-What's in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.



NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Follow-Up After Hospitalization for Mental Illness



# Antidepressant Medication Management: Optimal Practitioner Contacts for Medication Management

**Definition:** The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression, treated with antidepressant medication, and who had at least three follow-up contacts with a primary care practitioner or mental health practitioner during the 12 week Acute Treatment Phase.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	17.2%
Quality Compass® .....	*	*	21.3%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

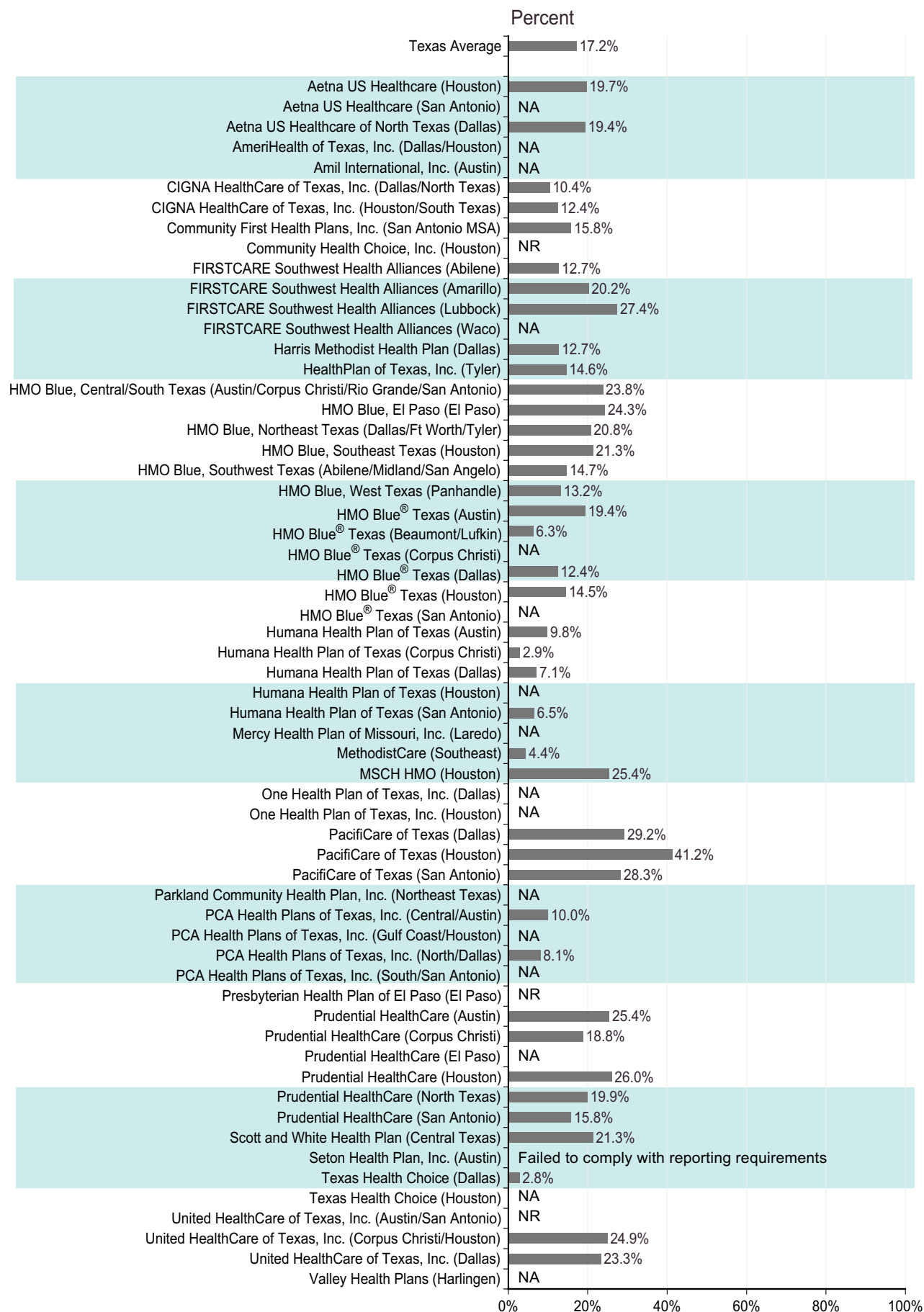
Once identified, depression can almost always be successfully managed, either with medication, psychotherapy, or a combination of both. This process measure assesses the adequacy of clinical management of new treatment episodes for adult members with a major depressive disorder.

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who had at least three follow-up contacts with a practitioner during 12 weeks.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Antidepressant Medication Management: Optimal Practitioner Contacts for Medication Management



Effectiveness of Care

# Antidepressant Medication Management: Effective Acute Phase Treatment

**Definition:** The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression and who remained on an antidepressant drug during the entire 12 week Acute Treatment Phase.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	55.4%
Quality Compass® .....	*	*	58.8%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

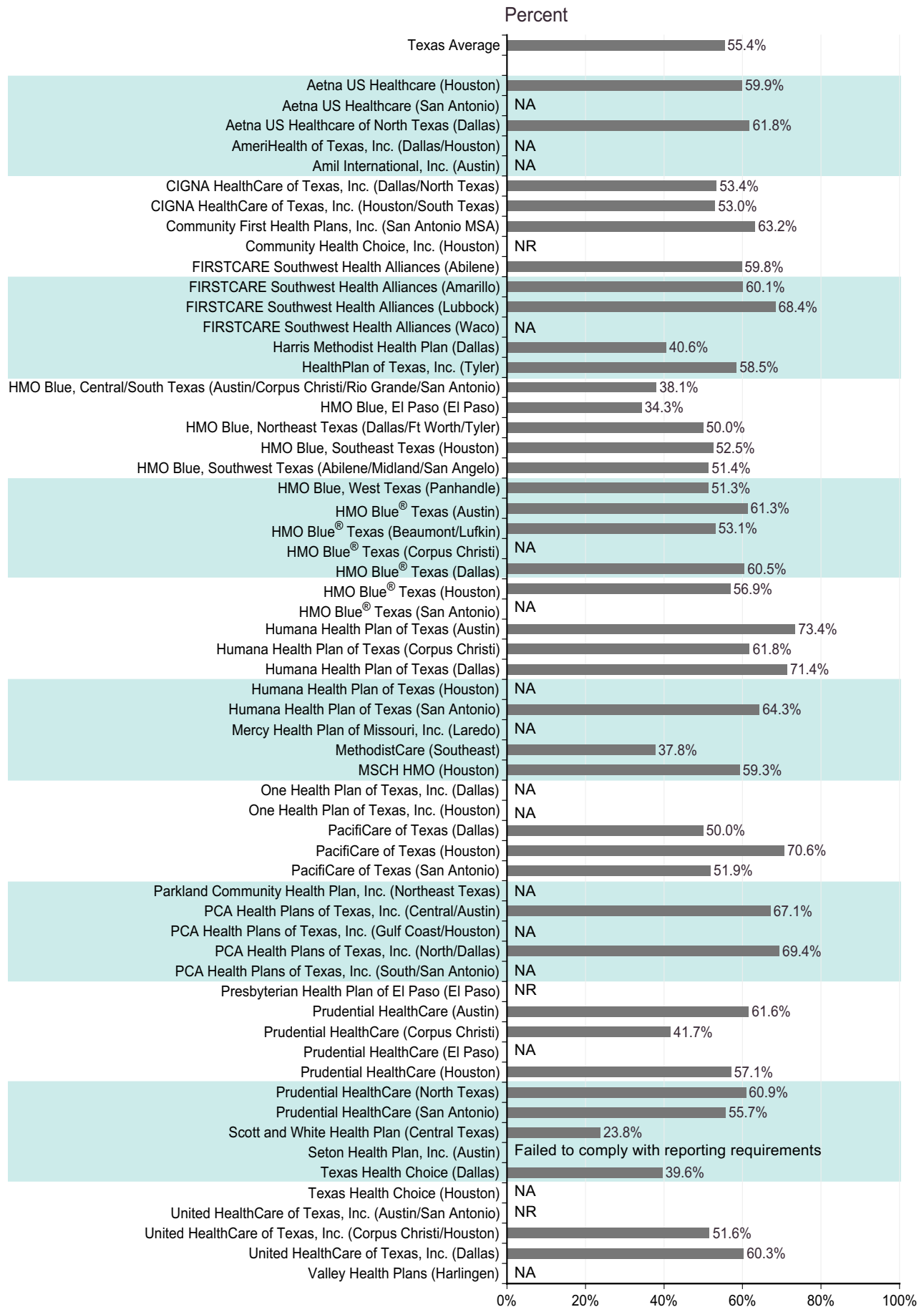
**T**his measure assesses the percentage of adult members initiated on an antidepressant drug who received a continuous trial of medications treatment during the Acute Treatment Phase.

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who remained on antidepressant medication for 12 weeks

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Antidepressant Medication Management: Effective Acute Phase Treatment



# Antidepressant Medication Management: Effective Continuation Phase Treatment

**Definition:** The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least six months.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	37.2%
Quality Compass® .....	*	*	42.2%

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

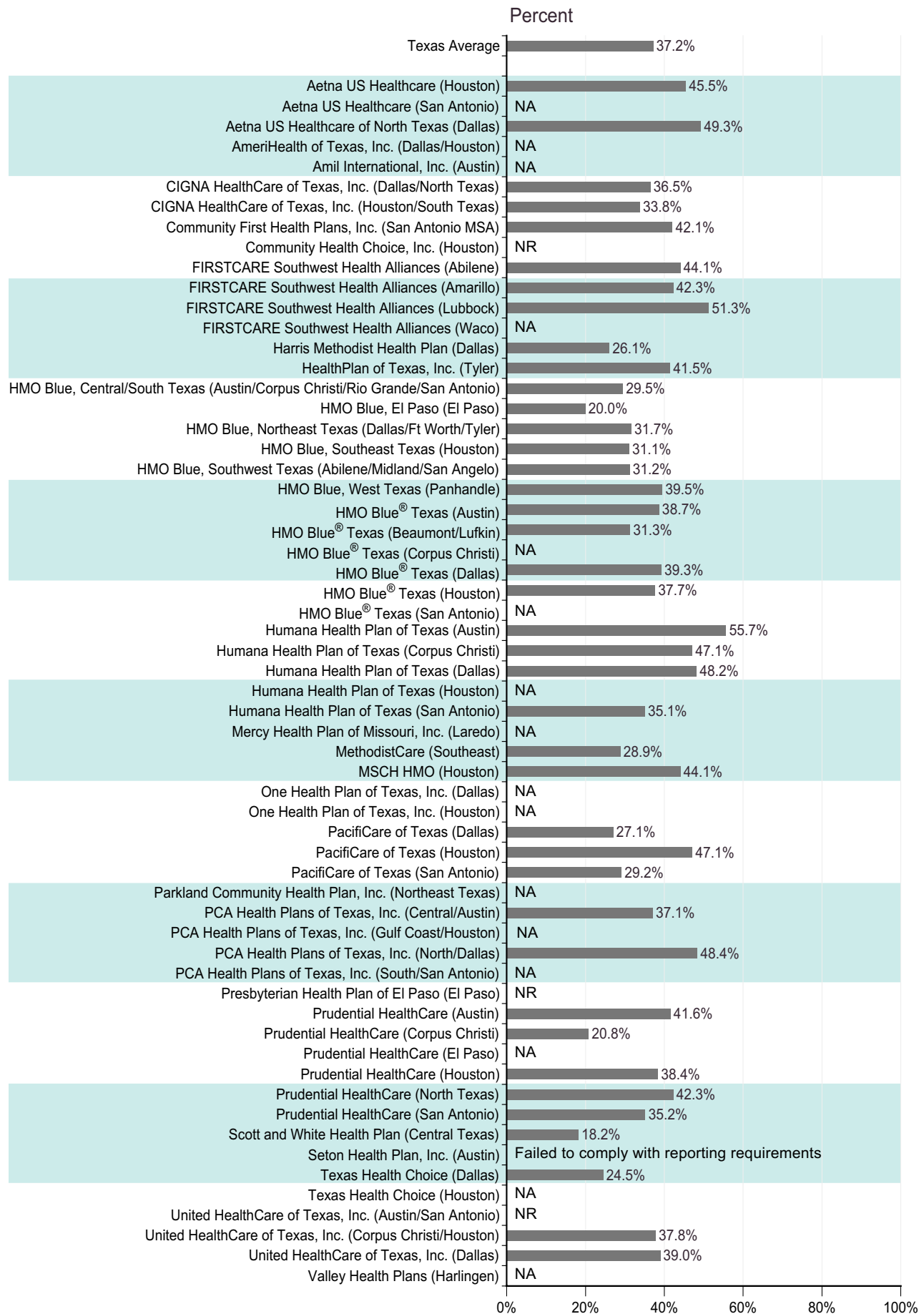
This measure assesses the effectiveness of clinical management in achieving medication compliance and the likely effectiveness of the established dosage regimes by determining whether adult members completed a period of treatment adequate for defining a recovery according to guidelines published by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR).

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who remained on an antidepressant medication for at least six months.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Antidepressant Medication Management: Effective Continuation Phase Treatment



# Advising Smokers to Quit

**Definition:** The percentage of adult smokers or recent quitters using the HMO who received advice to quit smoking from a health professional in the plan during the past year.

State and National Averages	1997	1998	1999 <sup>†</sup>
Texas Average .....	55.7%	57.5%	58.6%
Quality Compass® .....	64.0%	62.5%	65.3%
Healthy People 2000 Goal .....	75.0%		

<sup>†</sup> Rotated Measure - 81.7% of the Texas plans reported data from 1998, 8.3% reported data from 1999, and 10% did not report.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Smoking, responsible for an estimated 400,000 deaths each year, is the leading contributor to preventable mortality in the U.S.<sup>1</sup> Half of all lifelong smokers will die from a smoking related illness. The 1990 Surgeon General's Report indicated that smokers who quit reduced their risk of dying prematurely by almost 50%. In 1990, the medical costs directly associated with smoking were over seven percent of national health expenditures (upwards of \$100 billion dollars).<sup>1</sup> Yet, given even these significant health and economic motivators, a large percentage of current smokers are still more likely to quit if so advised by their physician. Receiving even a brief amount of smoking cessation advice from a physician is associated with a 30% increase in the number of smokers who quit.<sup>2</sup>

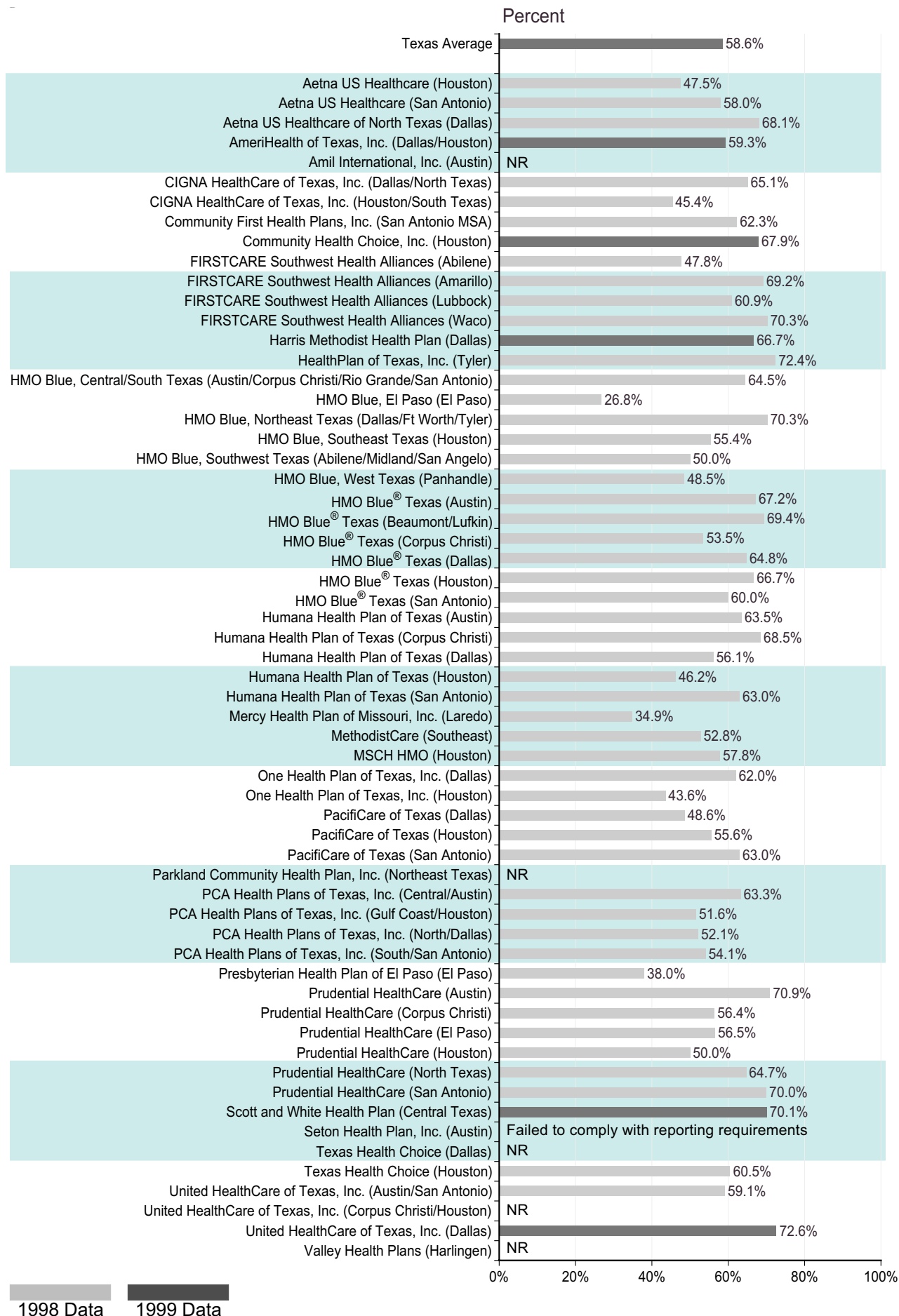
The bar chart on the next page shows the percentage of smokers or recent quitters in each HMO who received advice to quit smoking from a plan doctor during the past year.

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health Care Access and Cost Commission (HCACC).

2. HEDIS® 2000, Volume 1: Narrative-What's in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Advising Smokers to Quit



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# Satisfaction with the Experience of Care

This section presents results from the Consumer Assessment of Health Plans (CAHPS® 2.0H) survey of adult commercial HMO enrollees in Texas. The CAHPS® 2.0H survey tool was developed under the direction of the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR), and is based on extensive research on consumer concerns and preferences. Each health plan contracted with an independent NCQA certified vendor to conduct the survey. The results are based on the responses of a randomly selected sample of members in each health plan.

The CAHPS® 2.0H results presented in this section represent results from four individual questions and six composite scores. The composite scores are designed to aggregate information from multiple questions and summarize patient satisfaction in six key areas.

The CAHPS® 2.0H results presented in this section are:

## Individual Ratings:

- How People Rated Their Health Plan (1 question)
- How People Rated Their Care (1 question)
- How People Rated Their Doctor or Nurse (1 question)
- How People Rated Their Specialist (1 question)

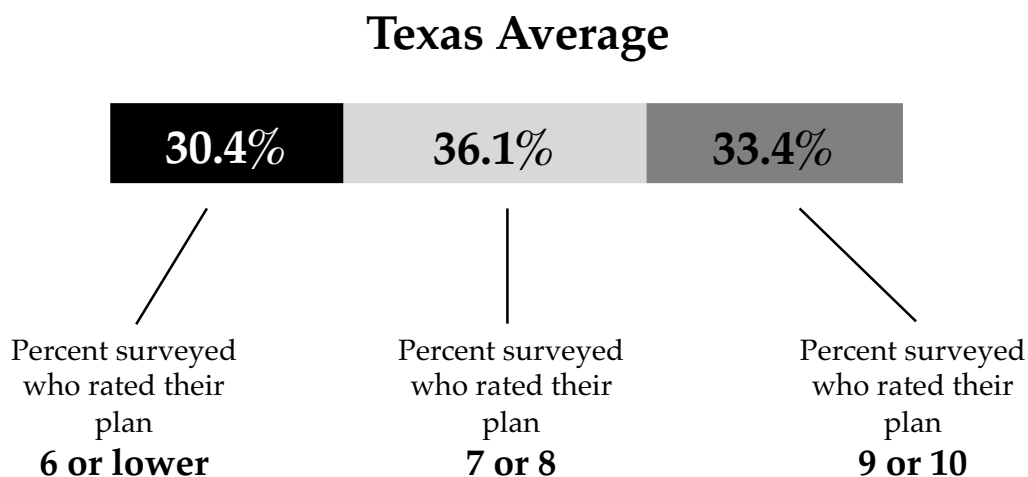
## Composite Ratings:

- Getting Needed Care (4 questions)
- Getting Care Quickly (4 questions)
- How Well Doctors Communicate (4 questions)
- Courteous and Helpful Office Staff (2 questions)
- Customer Service (3 questions)
- Claims Processing (2 questions)

# How People Rated Their Health Plan

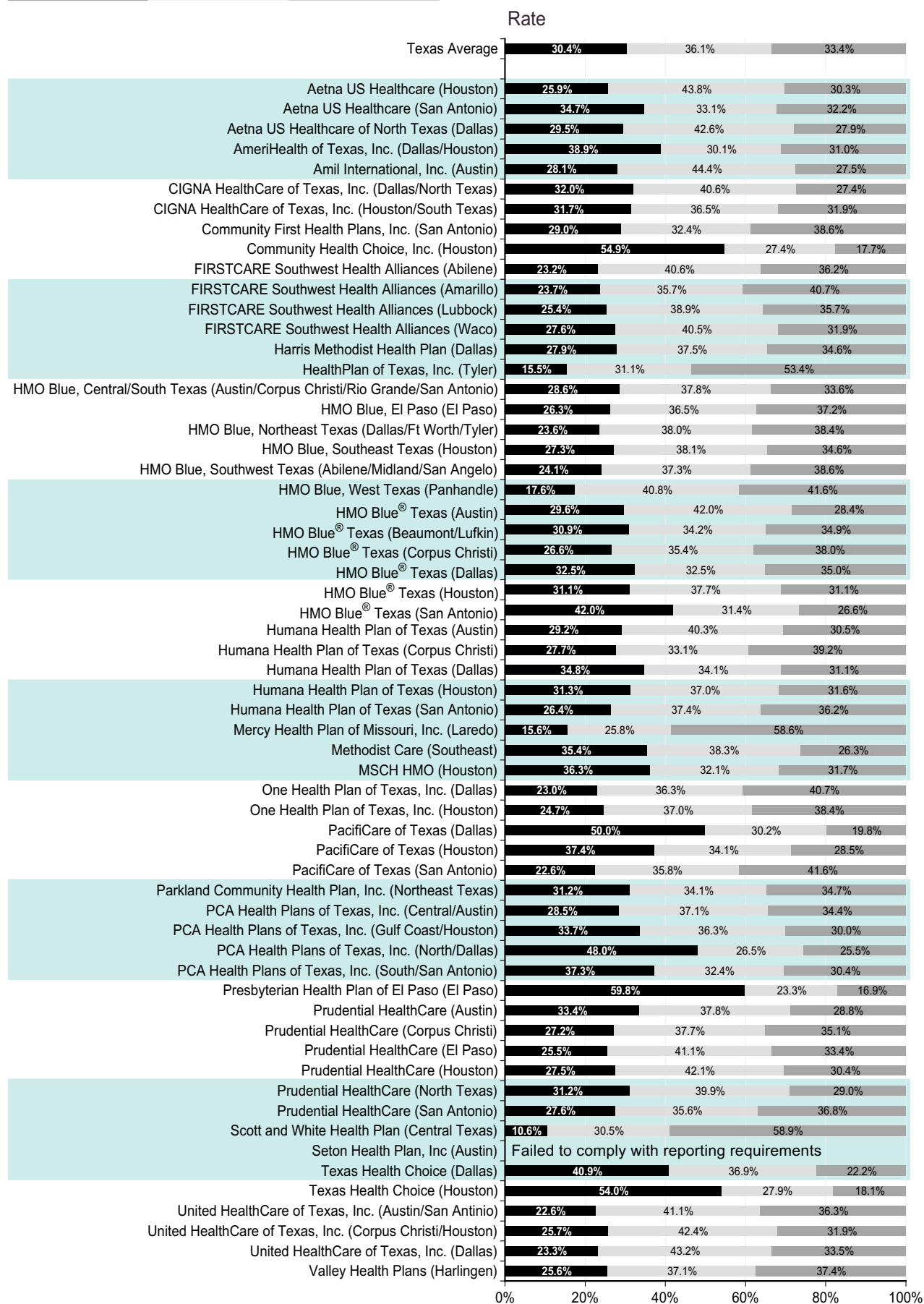
The bar chart shows the results of the following survey question:

**Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?**



# How People Rated Their Health Plan

6 or lower      7 or 8      9 or 10

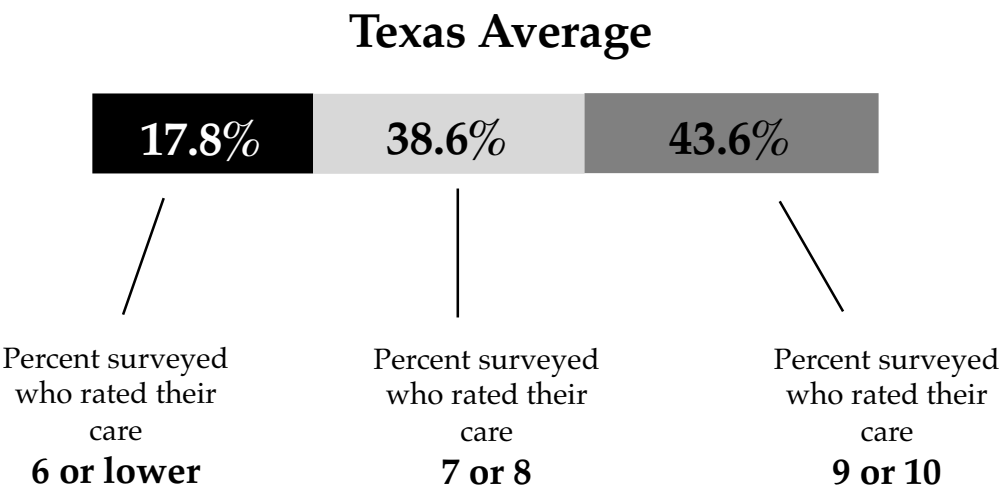


Satisfaction with the  
Experience of Care

# How People Rated Their Health Care

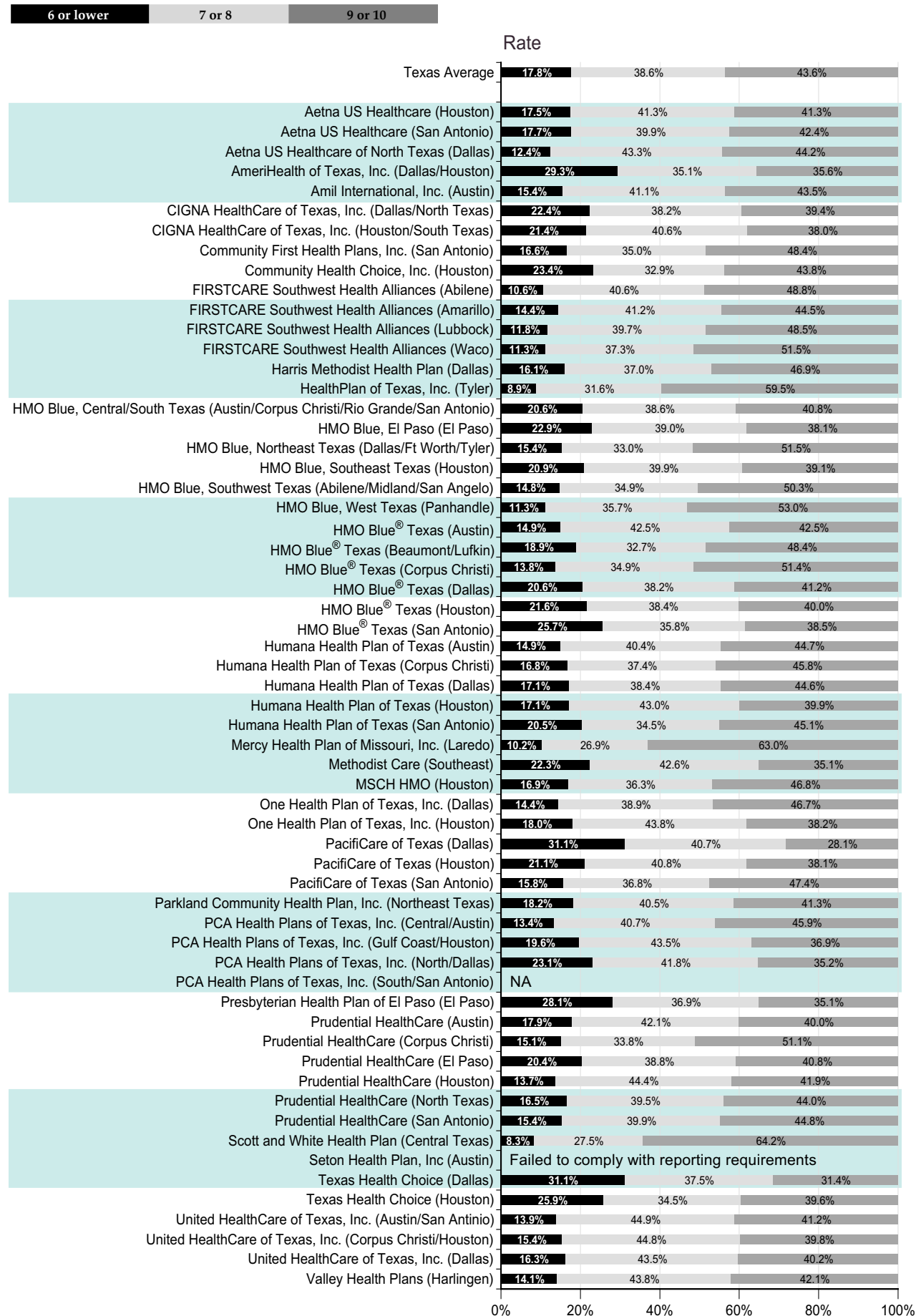
The bar chart shows the result of the following survey question:

Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?



NA - HMOs with fewer than 100 responses for this measure are not reported.

# How People Rated Their Health Care

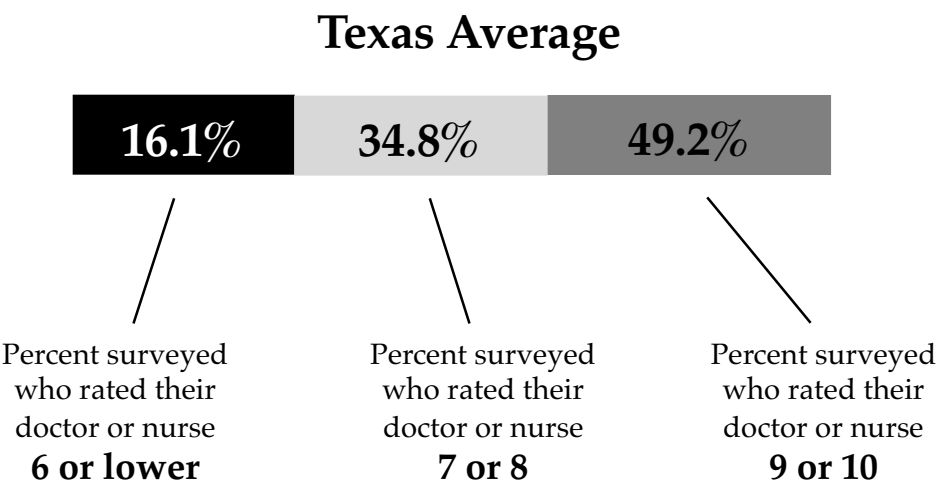


Satisfaction with the  
Experience of Care

# How People Rated Their Doctor or Nurse

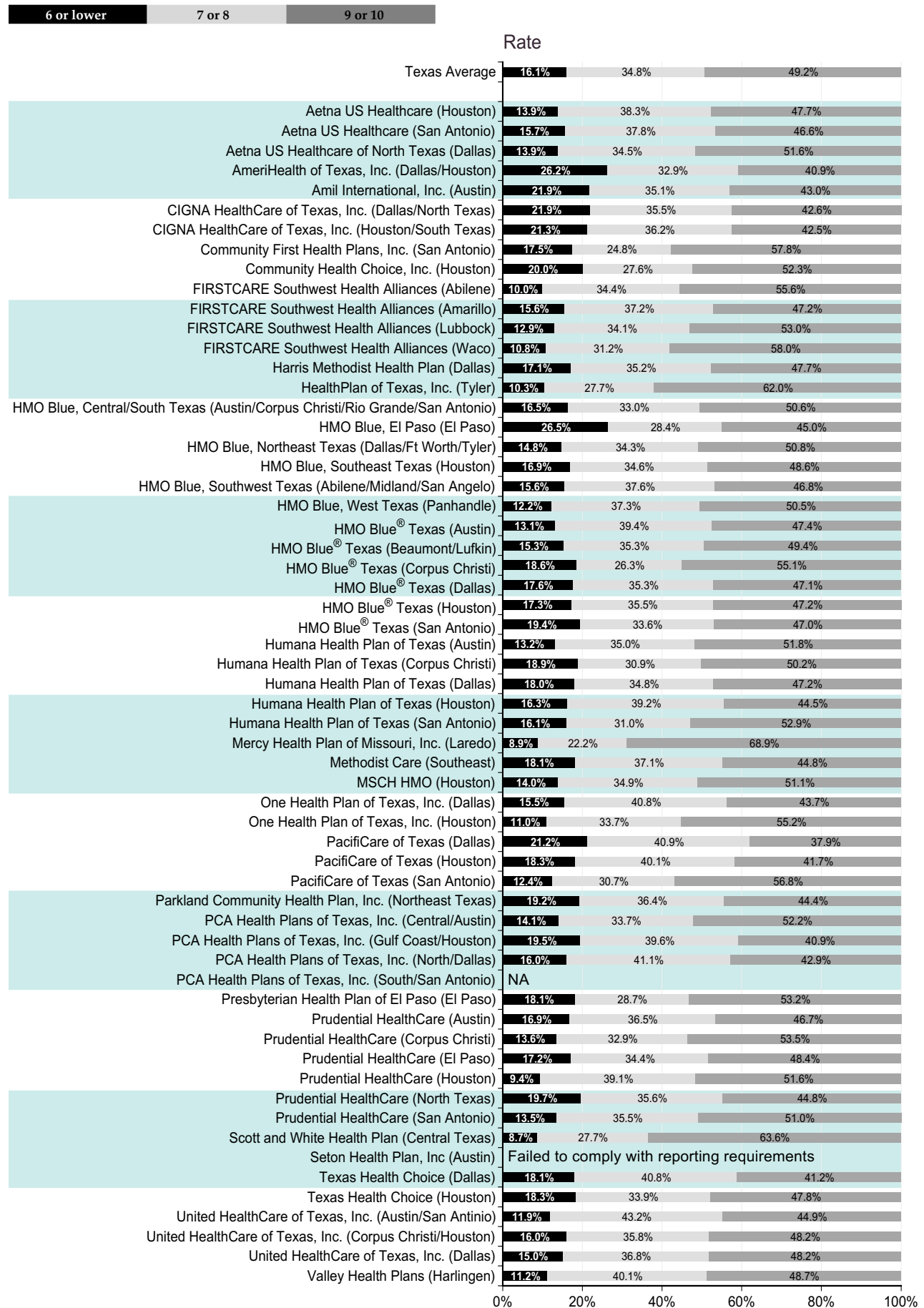
The bar chart shows the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best doctor or nurse possible. How would you rate your personal doctor or nurse?



NA - HMOs with fewer than 100 responses for this measure are not reported.

# How People Rated Their Doctor or Nurse

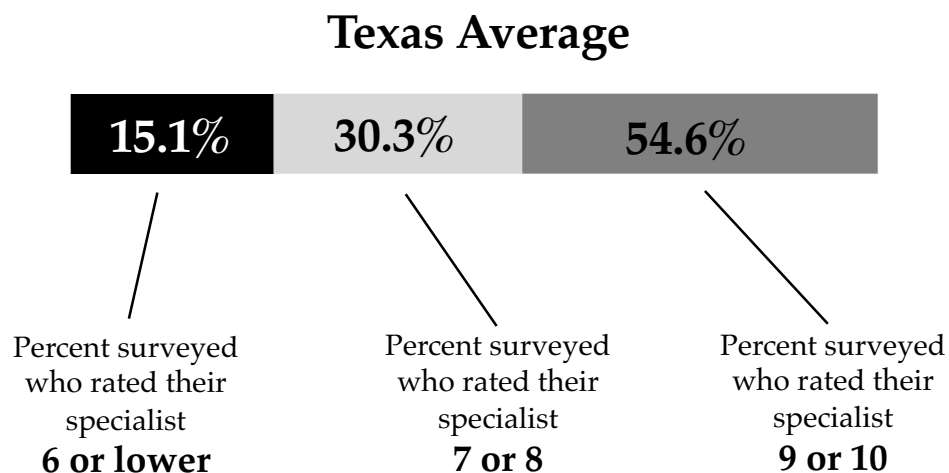


Satisfaction with the  
Experience of Care

# How People Rated Their Specialist

The bar chart shows the results of the following survey question:

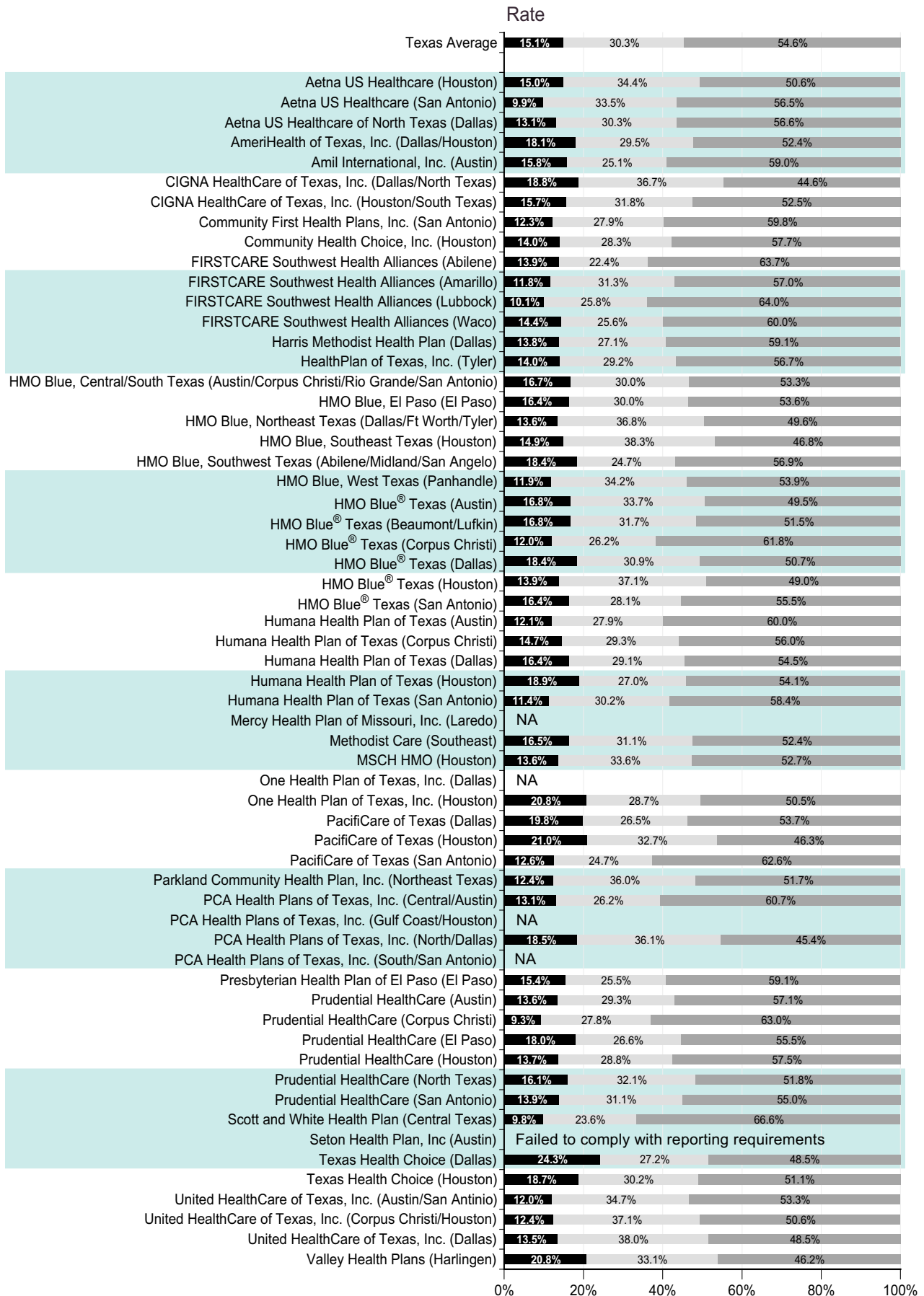
**Use any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate the specialist?**



NA - HMOs with fewer than 100 responses for this measure are not reported.

# How People Rated Their Specialist

6 or lower      7 or 8      9 or 10



Satisfaction with the  
Experience of Care

## Getting Needed Care

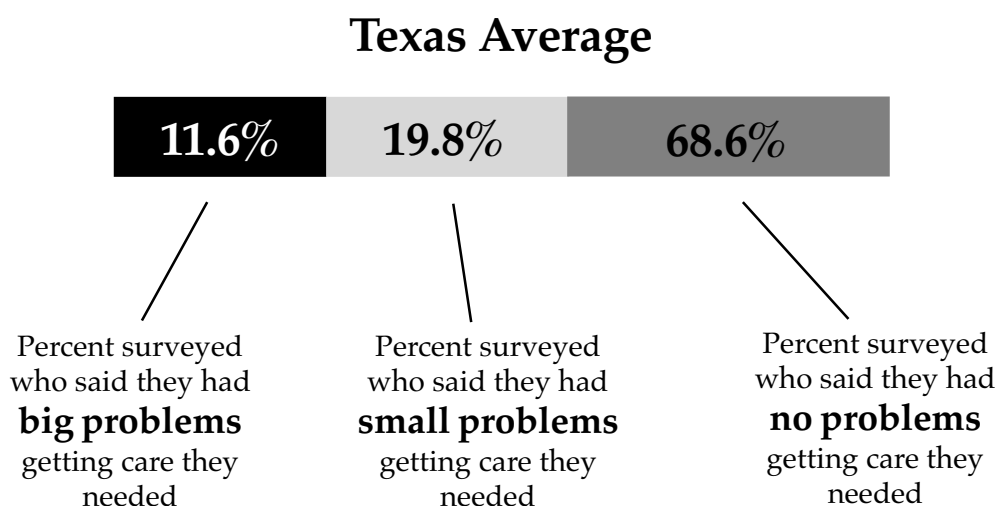
The bar chart shows the composite results of the following survey questions:

**With the choice your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?**

**In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?**

**In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?**

**In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?**



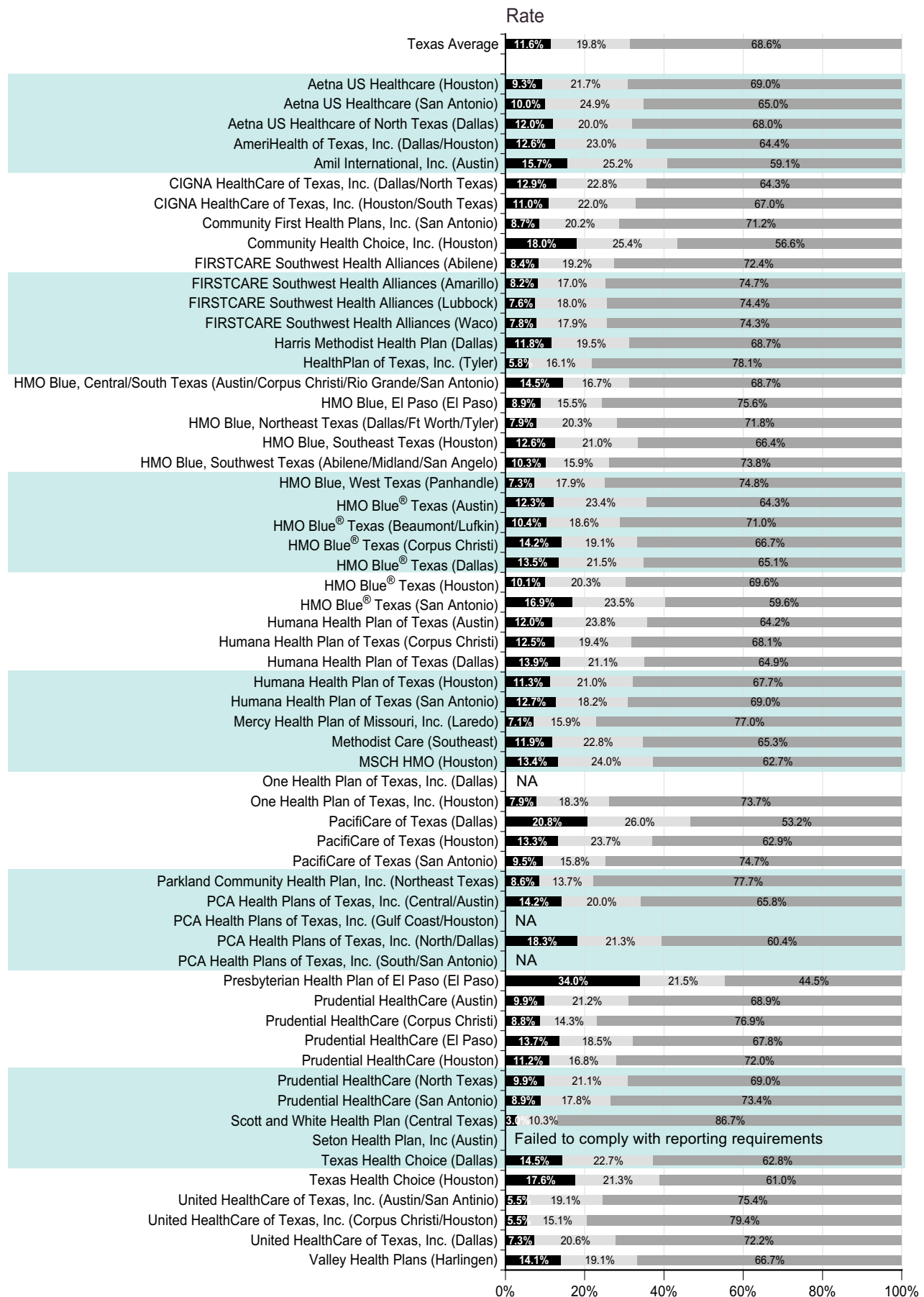
NA - HMOs with fewer than 100 responses for this measure are not reported.

# Getting Needed Care

Big Problems

Small Problems

No Problems



Satisfaction with the Experience of Care

## Getting Care Quickly

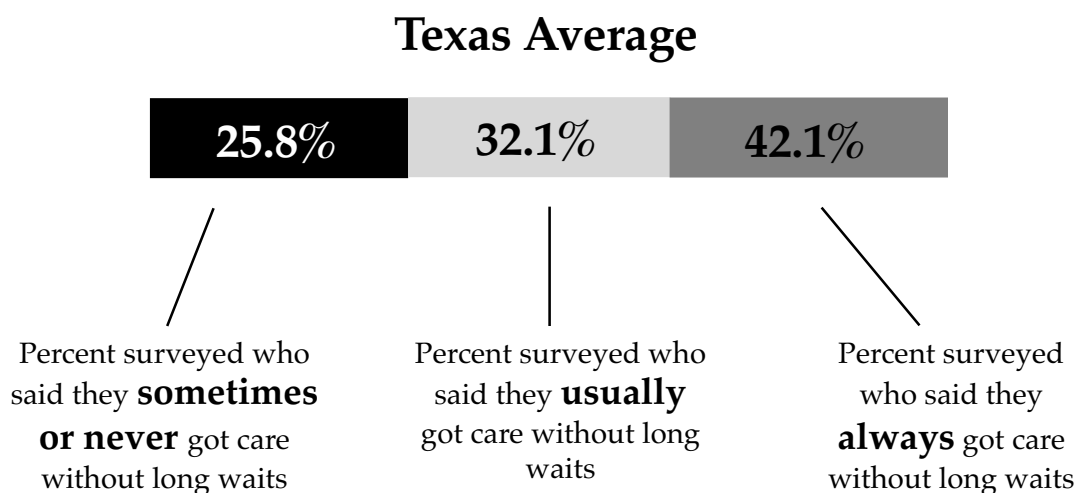
The bar chart shows the composite results of the following survey questions:

**In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?**

**In the last 12 months, how often did you get an appointment for regular or routine health care as a soon as you wanted?**

**In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?**

**In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?**



NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 100 responses for this measure are not reported.

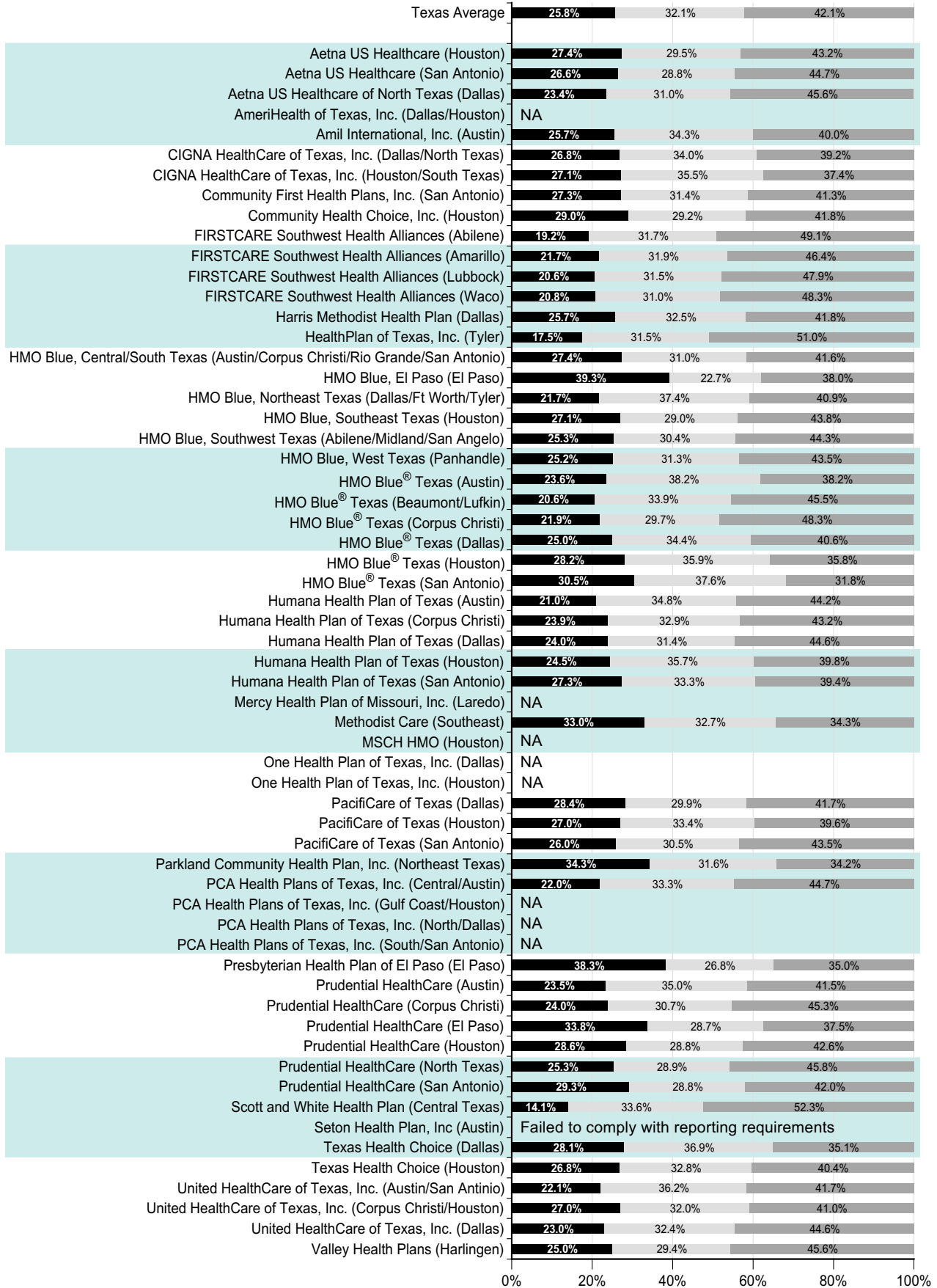
# Getting Care Quickly

Sometimes or Never

Usually

Always

Rate



Satisfaction with the  
Experience of Care

## How Well Doctors Communicate

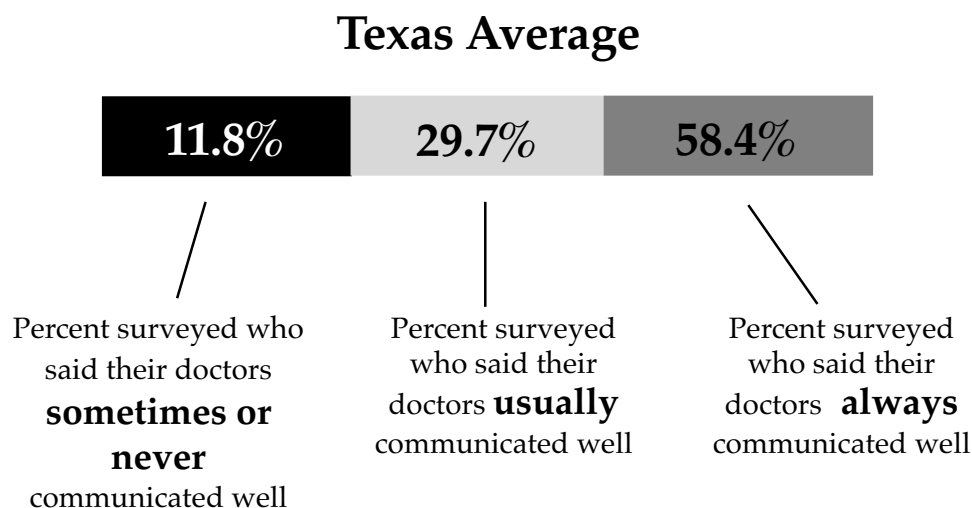
The bar chart shows the composite results of the following survey questions:

**In the last 12 months, how often did doctors or other health providers listen carefully to you?**

**In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?**

**In the last 12 months, how often did doctors or other health providers show respect for what you had to say?**

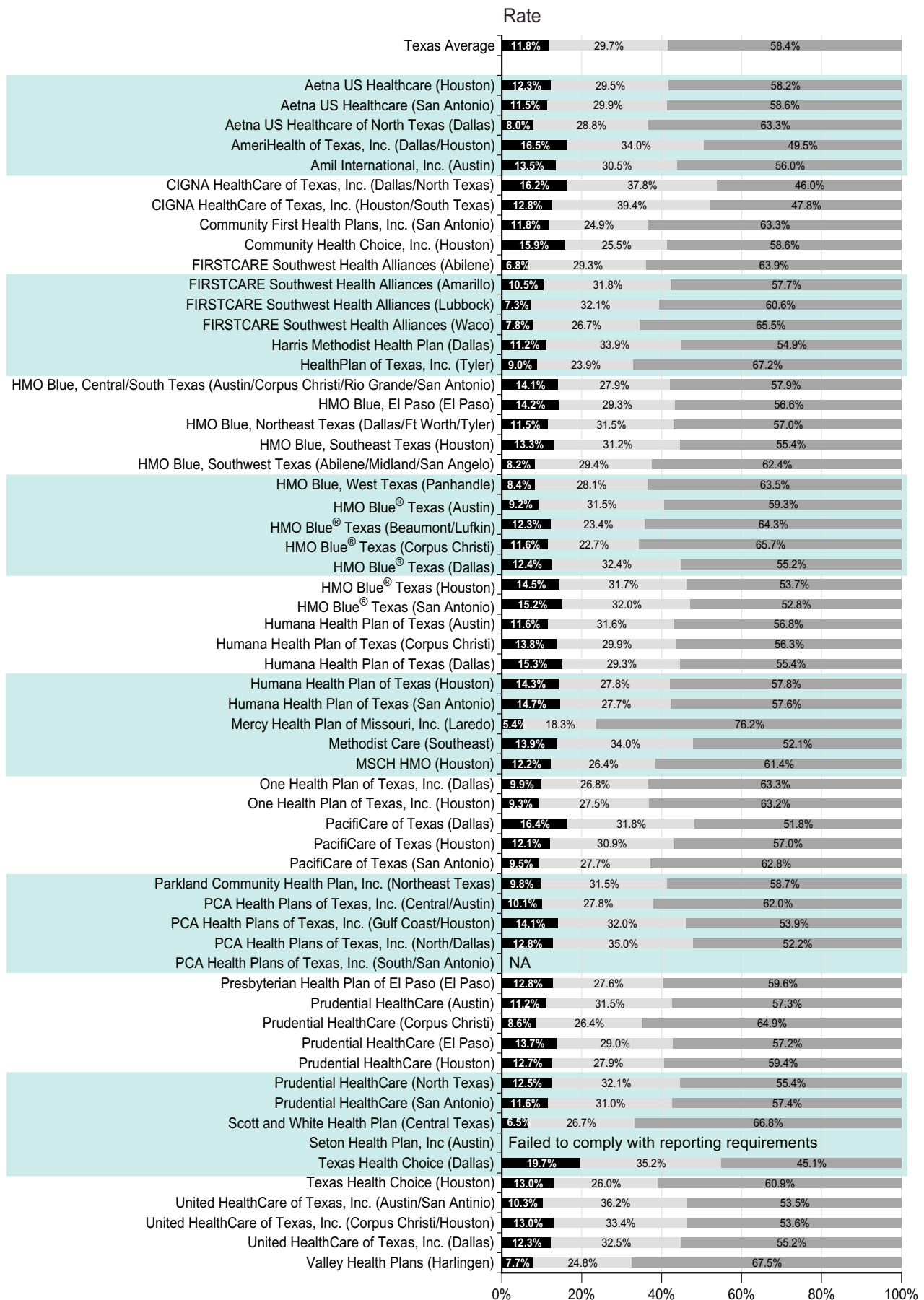
**In the last 12 months, how often did doctors or other health providers spend enough time with you?**



NA - HMOs with fewer than 100 responses for this measure are not reported.

# How Well Doctors Communicate

Sometimes or Never Usually Always



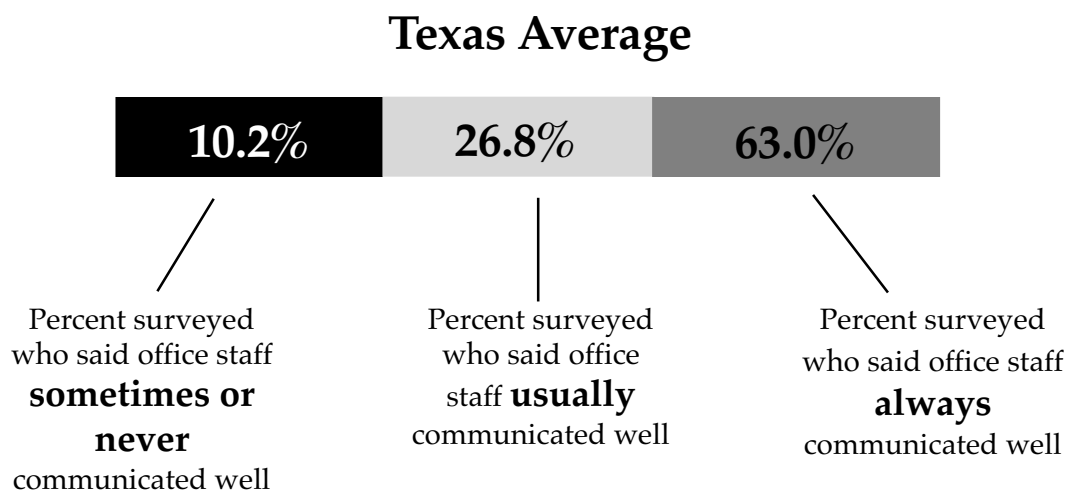
Satisfaction with the  
Experience of Care

## Courteous and Helpful Office Staff

The chart shows show the composite results of the following survey questions:

**In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?**

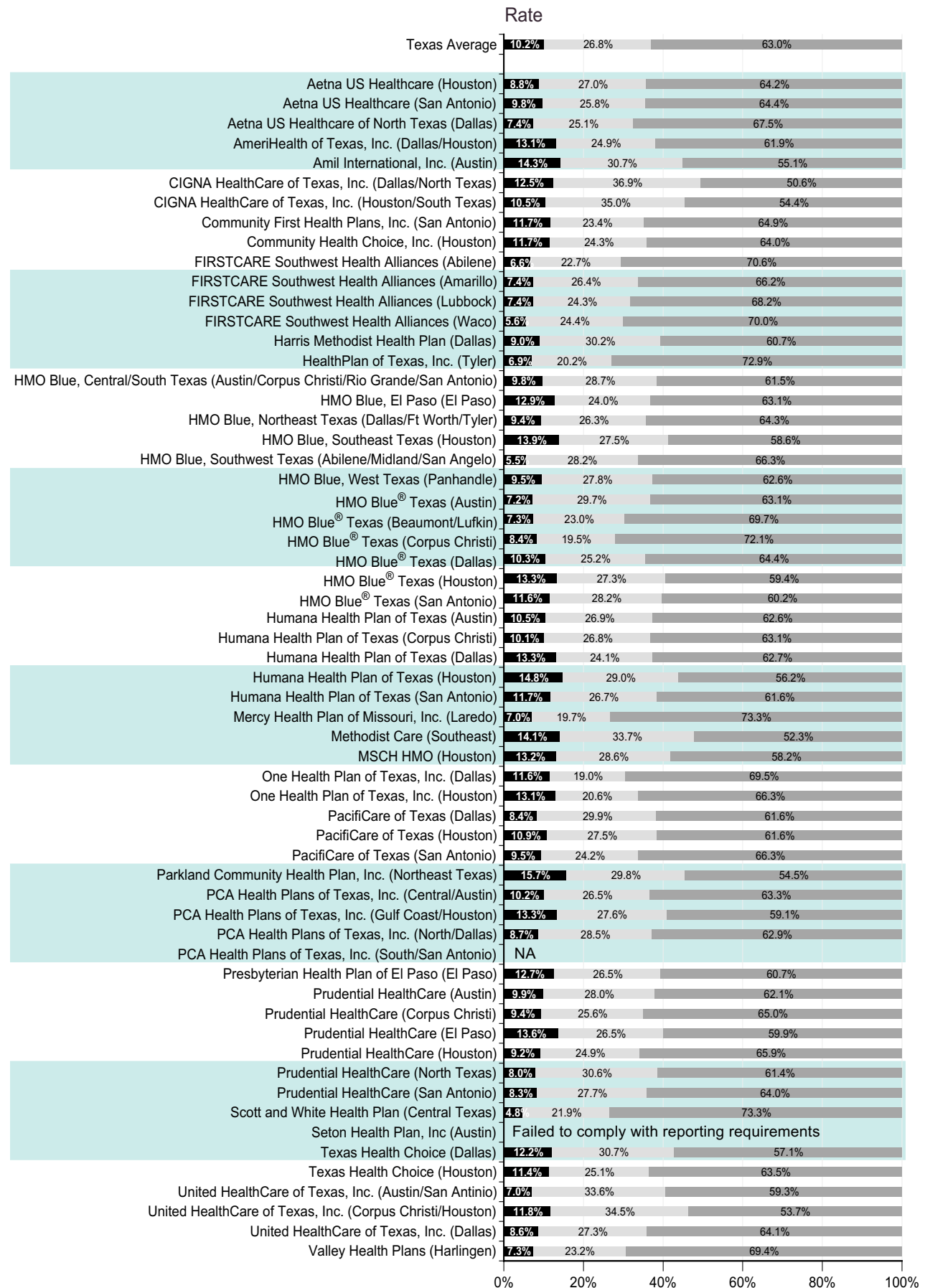
**In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?**



NA - HMOs with fewer than 100 responses for this measure are not reported.

# Courteous and Helpful Office Staff

Sometimes or Never Usually Always



Satisfaction with the  
Experience of Care

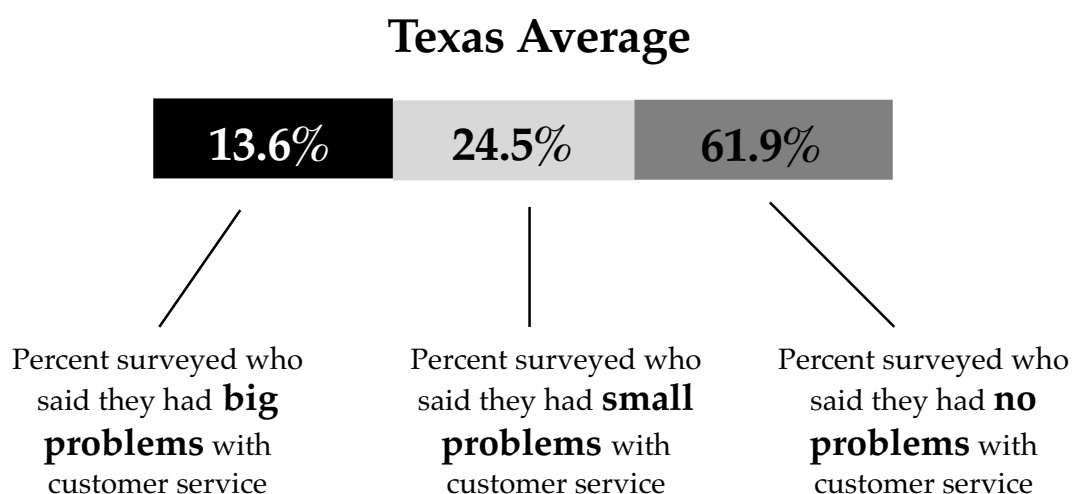
## Customer Service

The bar chart shows the composite results of the following survey questions:

**In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?**

**In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?**

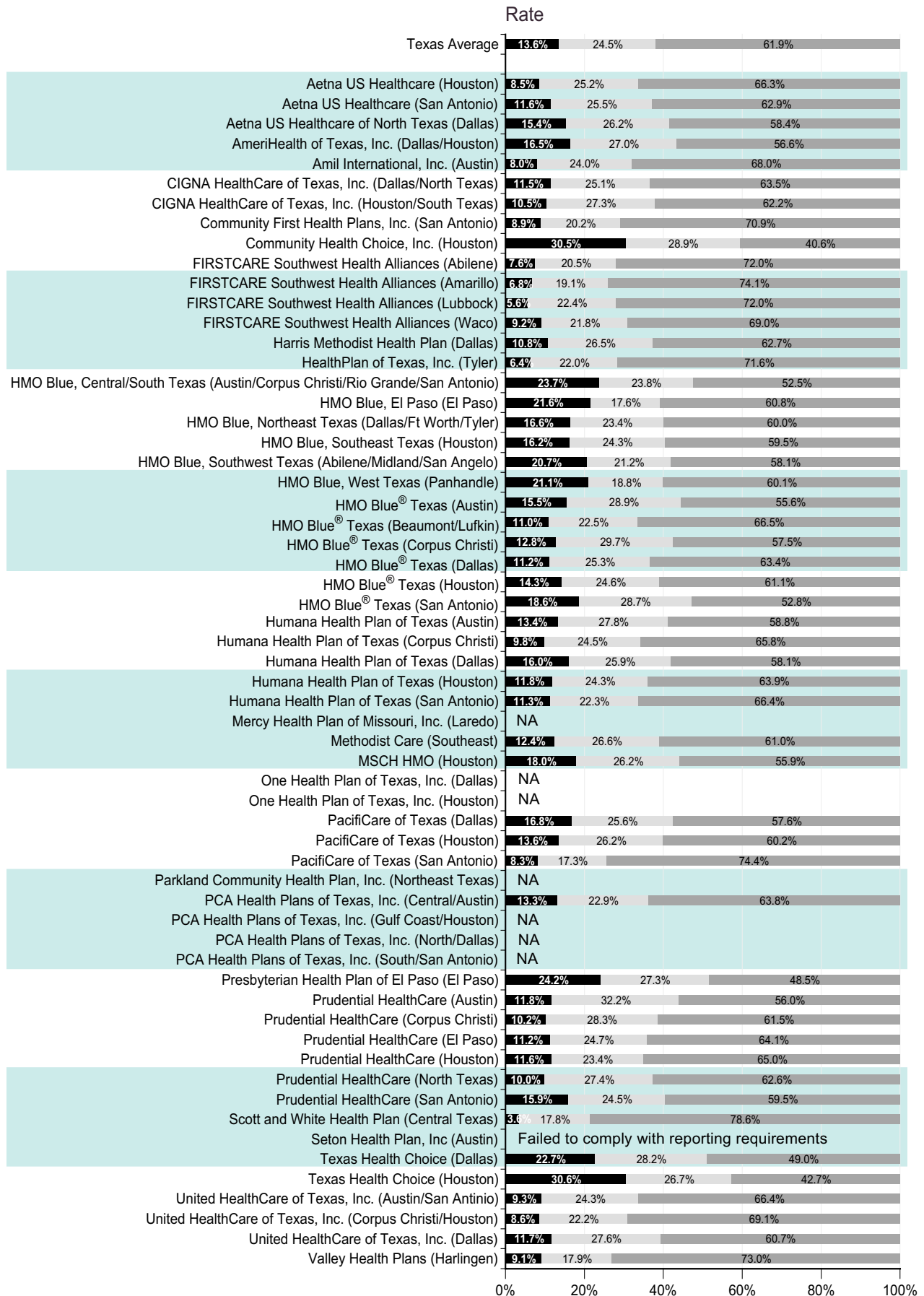
**In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?**



NA - HMOs with fewer than 100 responses for this measure are not reported.

# Customer Service

Big Problems   Small Problems   No Problems



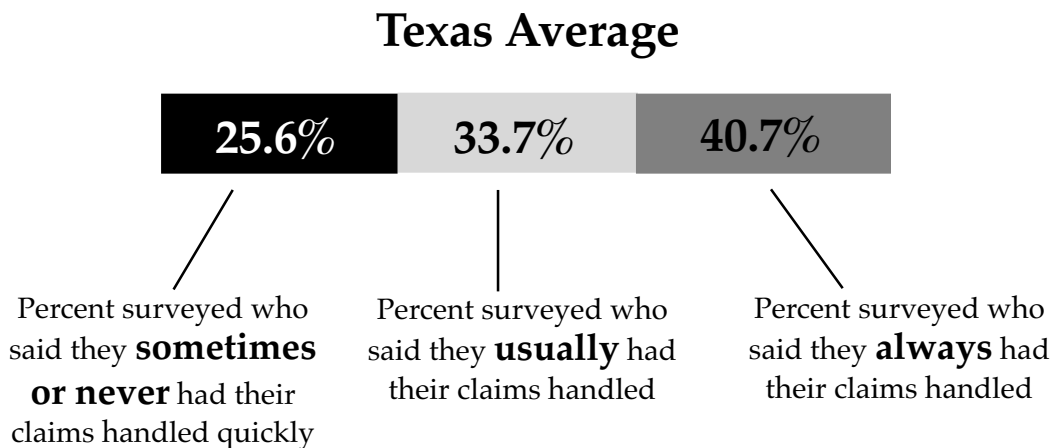
Satisfaction with the  
Experience of Care

# Claims Processing

The bar chart shows the results of the following survey questions:

**In the last 12 months, how often did your health plan handle your claims in a reasonable time?**

**In the last 12 months, how often did your health plan handle your claims correctly?**



NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.  
NA - HMOs with fewer than 100 responses for this measure are not reported.

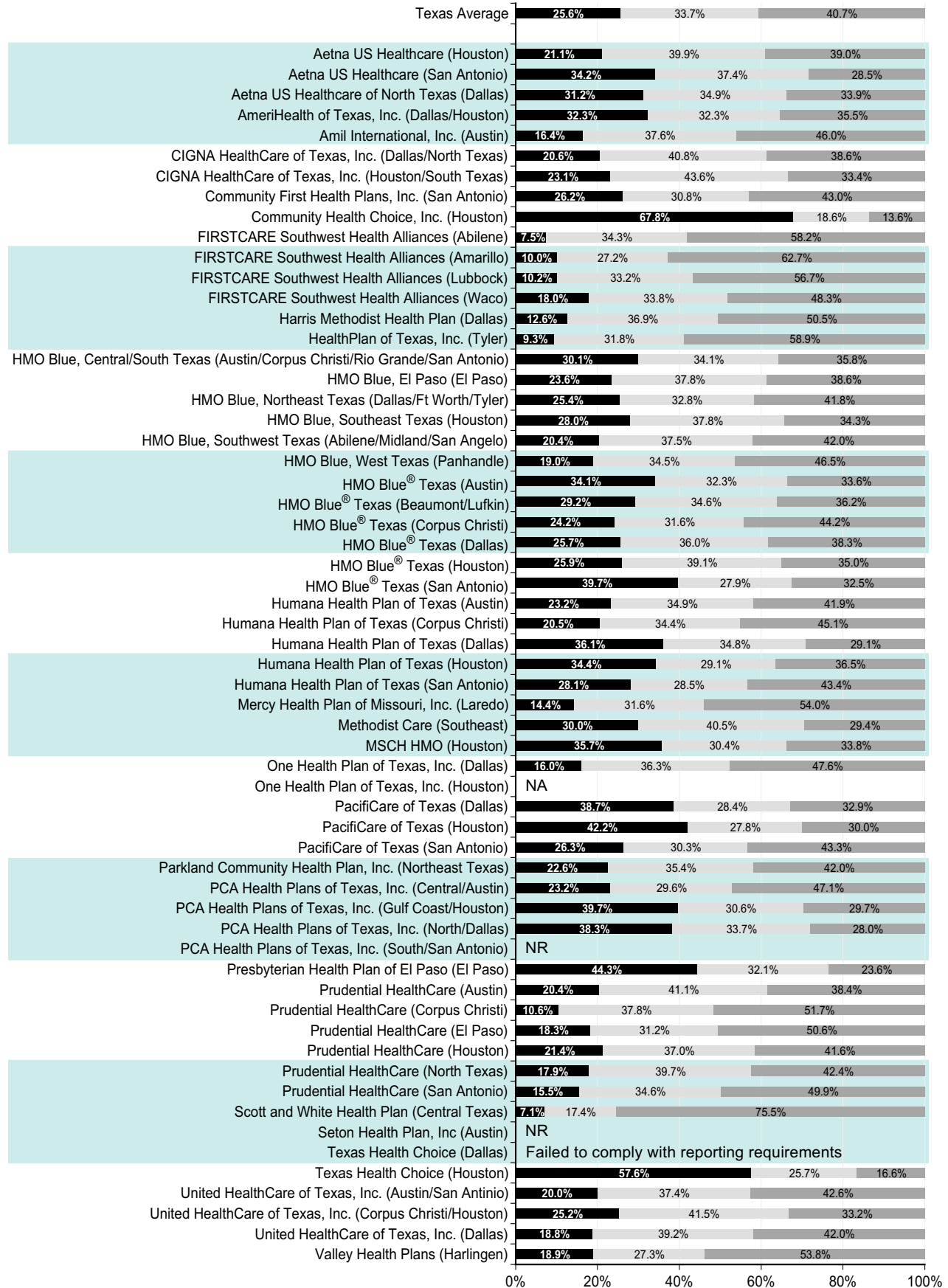
# Claims Processing

Sometimes or Never

Usually

Always

Rate



Satisfaction with the  
Experience of Care

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## Health Plan Stability

When selecting health care coverage, it is important to know that the company you are considering is stable so you have a sense of whether it will be able to serve your needs as long as you are a member. Changes in a managed care organization's physicians or financing could potentially affect its ability to deliver high quality care and service. The past performance of a managed care organization is a good predictor of future performance only if a plan's health care delivery systems are stable.

This section presents Health Plan Stability Information for the following measures:

Practitioner Turnover  
Indicators of Financial Stability

# Practitioner Turnover: Primary Care Physicians

**Definition:** The percentage of primary care practitioners (primary care physicians) who were affiliated with a plan as of December 31, 1998 and who were not affiliated with the plan as of December 31, 1999.

State and National Averages	1997	1998	1999
Texas Average .....	11.0%	10.7%	11.9%
Quality Compass® .....	7.2%	7.6%	8.9%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**K**eeping the same primary care provider over time can increase the effectiveness of the care members receive. Although a high percentage of practitioner turnover for an HMO may be due to the plan ending contracts with providers who are not meeting its standards, it may also indicate a problem with the plan itself.

If you are interested in a plan with a large provider turnover, you may wish to check the results from the customer satisfaction survey (pages 61-81) to see if there are problems, such as provider accessibility, which may affect your ability to obtain care.

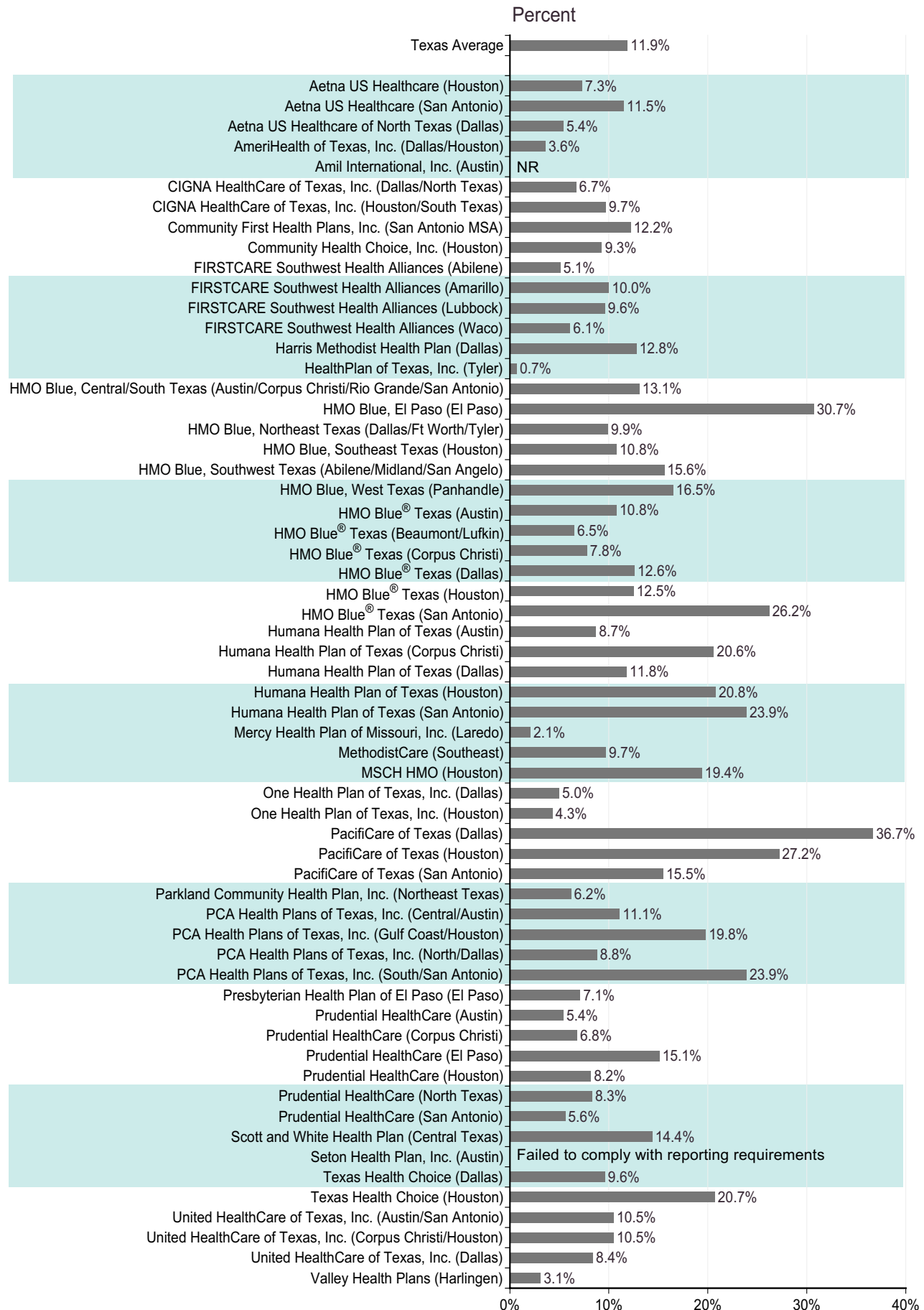
Because practitioner turnover rates are influenced by numerous factors - both good and bad - potential plan members are encouraged to use this information as a guide for asking questions of the plan.

The bar chart on the next page shows the percentage of primary care practitioners in each HMO who left the plan during 1999.

Note - Lower rates are better for this measure.

NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

# Practitioner Turnover: Primary Care Physicians



# Indicators of Financial Stability\*

Texas licensed HMOs are regulated by the Texas Department of Insurance (TDI) and are subject to stringent financial operating and reporting requirements. HMOs are required by law to file detailed quarterly and annual financial statements that allow TDI to monitor the financial condition of each HMO. To avoid duplicative reporting requirements, THCIC obtained from TDI certain financial data for inclusion in this report. Please note that TDI does not allow aggregation of financial data, therefore the list of names on the next page varies somewhat from the rest of the report. For more detailed information on all HMOs, you may wish to access the TDI website at [www.tdi.state.tx.us/company/hmo](http://www.tdi.state.tx.us/company/hmo).

Once again, many HMOs in Texas and across the country reported substantial operating losses during 1999. A number of factors have contributed to the losses, including medical inflation, increased utilization of drugs, and new medical treatment and technologies that are effective but costly. Most HMOs increased premium costs during 1999 to offset previous losses, but consumers and employers will likely see more rate hikes in the coming year. Many HMOs are also implementing “tiered” co-payment plans for prescription drugs that require lower co-payments for generic medications, and higher co-payments for brand-name drugs and drugs that are not on the HMO’s preferred list of “formulary” drugs. Despite the financial losses, however, consumers can be assured that the HMO industry in Texas is generally in good financial condition and will continue to be closely monitored by TDI.

It should be noted that the financial information provided here is based on data reported to the Texas Department of Insurance by HMOs. The data is not audited by TDI, but all HMO financial data is subject to ongoing review and examination by TDI. The data reported herein is subject to change based on reviews by the HMO and TDI and may not reflect amendments filed by the HMO since the data was initially reported to TDI.

The table on the next page provides the following information:

**Total Revenue:** includes all revenue collected by the HMO, including premiums.

**Total Expenses:** all expenses paid by the HMO, including medical services and supplies and all administrative costs.

**Medical/Hospital Expense Ratio:** the percentage of total expenses that an HMO pays for all medical and hospital services provided for its enrollees. With a few exceptions, the range varies from approximately 80%-92%, with an average ratio of 84.57%. This compares to a 1998 average ratio of 81.94%.

**Administrative Expense Ratio:** the percentage of total expenses that an HMO pays for all administrative and overhead costs such as salaries for management and staff, marketing, rent and utilities. The ratio in 1998 generally ranged from 8% to 20% with some exceptions. The average ratio was 15.43% in 1999, compared to 18.06% in 1998.

**After Tax Net Income (Loss):** the amount of income left in 1999 after all expenses and taxes are subtracted from revenue received in 1999. Losses are enclosed in parenthesis. This total does not reflect the company’s net worth or reserve amounts, but simply provides data on calendar year profits and losses based solely on revenue collected and expenses paid during a twelve month period.

\*Source: Texas Department of Insurance

# Indicators of Financial Stability\*

Plan Name	Total Revenue (Dollars)	Total Expenses (Dollars)	Medical/Hosp Expense Ratio	Admin. Expense Ratio	After Tax Net Income (Loss) (Dollars)
Aetna US Healthcare (Houston)	213,814,994	217,522,341	86.28	13.72	(2,399,476)
Aetna US Healthcare (San Antonio)	11,560,394	11,719,489	86.14	13.86	(102,966)
Aetna US Healthcare of North Texas (Dallas)	178,357,539	178,104,148	83.08	16.92	83,391
AmeriHealth of Texas, Inc. (Dallas)	1,656,351	5,853,371	31.25	68.75	(2,713,020)
AmeriHealth of Texas, Inc. (Houston)	80,091,422	88,423,083	77.18	22.82	(5,175,661)
Amil International, Inc. (Austin)	15,176,065	15,380,182	82.31	17.69	(204,117)
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	342,759,638	341,496,261	97.27	2.73	4,946,281
CIGNA HealthCare of Texas, Inc. (Houston)	387,987,766	395,008,303	97.73	2.27	(4,513,049)
Community First Health Plans, Inc. (San Antonio MSA)	46,419,927	46,414,414	82.44	17.56	5,513
Community Health Choice, Inc. (Houston)	40,671,933	42,573,489	85.19	14.81	(1,901,556)
FIRSTCARE Southwest Health Alliances (Abilene)	29,944,442	32,920,422	84.58	15.42	(2,975,980)
FIRSTCARE Southwest Health Alliances (Amarillo)	58,957,520	58,821,030	84.99	15.01	136,490
FIRSTCARE Southwest Health Alliances (Lubbock)	59,584,932	63,689,029	84.87	15.13	(4,104,097)
FIRSTCARE Southwest Health Alliances (Waco)	28,845,851	38,072,455	83.74	16.26	(9,226,604)
Harris Methodist Health Plan (Dallas)	680,363,929	734,949,293	86.64	13.36	(54,585,364)
HealthPlan of Texas, Inc. (Tyler)	18,421,530	18,065,668	90.26	9.74	355,862
HMO Blue, Central Texas (Austin)	37,920,019	40,713,216	84.31	15.69	(2,457,781)
HMO Blue, Central Texas (San Antonio)	20,936,045	21,768,413	83.01	16.99	(692,291)
HMO Blue, El Paso (El Paso)	22,404,470	24,367,355	81.83	18.17	(1,733,380)
HMO Blue, Northeast Texas (Dallas/Ft Worth)	58,316,915	67,185,976	86.39	13.61	(7,485,567)
HMO Blue, Northeast Texas (Tyler)	2,300,098	2,856,869	88.47	11.53	(463,597)
HMO Blue, South Texas (Corpus Christi)	2,844,644	3,295,907	84.12	15.88	(378,482)
HMO Blue, South Texas (Rio Grande Valley)	713,713	712,417	78.03	21.97	3,440
HMO Blue, Southeast Texas (Houston)	150,105,193	165,289,734	87.95	12.05	(12,677,604)
HMO Blue, Southwest Texas (Abilene)	8,295,828	9,446,918	88.71	11.29	(1,151,090)
HMO Blue, Southwest Texas (Midland)	15,844,888	17,750,229	90.14	9.86	(1,905,341)
HMO Blue, Southwest Texas (San Angelo)	10,012,961	9,919,818	88.17	11.83	93,143
HMO Blue, West Texas (Panhandle)	35,520,755	35,252,651	79.65	20.35	268,104
HMO Blue® Texas (Austin)	58,181,417	64,650,682	90.76	9.24	(4,205,022)
HMO Blue® Texas (Beaumont)	59,924,834	55,410,499	92.77	7.23	2,934,318
HMO Blue® Texas (Corpus Christi)	36,614,368	41,285,290	92.00	8.00	(3,036,099)
HMO Blue® Texas (Dallas)	500,867,356	521,515,268	88.18	11.82	(13,420,912)
HMO Blue® Texas (Houston)	734,152,442	739,115,495	89.58	10.42	(3,225,225)
HMO Blue® Texas (Lufkin)	17,470,785	20,261,508	92.80	7.20	(1,813,970)
Humana Health Plan of Texas (Austin)	183,592,536	219,805,478	88.45	11.55	(21,660,425)
Humana Health Plan of Texas (Corpus Christi)	83,421,452	88,821,809	88.36	11.64	(3,230,638)
Humana Health Plan of Texas (Dallas)	94,237,211	113,176,660	89.47	10.53	(13,346,158)
Humana Health Plan of Texas (Houston)	170,929,700	183,791,265	88.60	11.40	(9,066,546)
Humana Health Plan of Texas (San Antonio)	229,277,390	234,802,698	87.56	12.44	(3,361,358)
Mercy Health Plans of Missouri, Inc. (Laredo)	11,608,699	10,314,558	83.69	16.31	1,294,141
MethodistCare (Southeast)	74,077,476	108,893,313	81.31	18.69	(34,815,837)
MSCH HMO (Houston)	265,012,943	266,473,096	84.25	15.75	(1,460,153)
One Health Plan of Texas, Inc. (Dallas)	23,670,783	26,388,523	67.31	32.69	(2,032,029)
One Health Plan of Texas, Inc. (Houston)	25,820,285	26,300,107	89.49	10.51	(358,759)
PacifiCare of Texas (Dallas)	141,363,011	141,906,378	87.14	12.86	(329,624)
PacifiCare of Texas (Houston)	138,315,114	132,666,107	86.58	13.42	4,098,955
PacifiCare of Texas (San Antonio)	243,031,945	227,364,820	86.28	13.72	13,035,002
Parkland Community Health Plan, Inc. (Northeast Texas)	21,467,970	20,901,747	86.88	13.12	566,223
PCA Health Plans of Texas, Inc. (Central/Austin)	95,025,593	118,549,085	84.84	15.16	(16,821,480)
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	13,480,203	19,716,821	84.65	15.35	(4,459,743)
PCA Health Plans of Texas, Inc. (North Dallas)	34,867,907	47,938,166	84.63	15.37	(9,346,412)
PCA Health Plans of Texas, Inc. (South/San Antonio)	13,766,165	14,686,236	84.07	15.93	(657,933)
Presbyterian Health Plan of El Paso (El Paso)	32,711,528	35,731,464	82.61	17.39	(3,019,936)
Prudential HealthCare (Austin)	72,670,027	81,609,256	81.95	18.05	(8,939,229)
Prudential HealthCare (Corpus Christi)	16,883,733	21,130,594	85.21	14.79	(4,246,861)
Prudential HealthCare (El Paso)	29,172,297	33,662,052	84.64	15.36	(4,489,755)
Prudential HealthCare (Houston)	329,239,234	345,505,250	85.53	14.47	(16,266,016)
Prudential HealthCare (North Texas)	328,315,905	395,611,872	86.27	13.73	(67,295,967)
Prudential HealthCare (San Antonio)	143,191,693	157,184,271	82.58	17.42	(13,992,578)
Scott and White Health Plan (Central Texas)	268,721,749	266,039,422	92.11	7.89	2,682,327
Seton Health Plan, Inc. (Austin)	16,487,052	16,554,023	79.01	20.99	(65,471)
Texas Health Choice (Dallas)	167,904,589	191,143,557	77.02	22.98	(23,238,968)
Texas Health Choice (Houston)	69,903,670	74,449,468	84.28	15.72	(4,545,798)
United HealthCare of Texas, Inc. (Austin/San Antonio)	97,007,159	93,478,172	82.43	17.57	2,046,813
United HealthCare of Texas, Inc. (Corpus Christi)	39,655,310	41,688,906	86.03	13.97	(322,248)
United HealthCare of Texas, Inc. (Dallas)	175,577,532	169,919,749	80.32	19.68	3,281,514
United HealthCare of Texas, Inc. (Houston)	153,360,137	159,353,221	82.19	17.81	(3,475,989)
Valley Health Plans (Harlingen)	10,609,466	10,382,214	75.75	24.25	183,025

\*Source: Texas Department of Insurance

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## Use of Services

**H**ospitals and health plans have become increasingly cost conscious in attempting to provide the most effective health care in the most efficient manner. Preventive treatment, outpatient procedures, and better management of care within a hospital setting, in many cases, reduce the need for hospital admissions or shorten the length of time patients spend in the hospital. The **Use of Services Domain** provides information on how HMOs allocate and manage health care resources. While some plans may be more aggressive than others in limiting resources, a patient's health, age, gender, socio-economic status, and preferences all influence the likelihood and length of a hospital stay and the types of services received during that stay.

The average length of stay has become a standard measure to compare hospitals and is a proxy for resource utilization. Longer stays are associated with higher costs to both the patient and the hospital. Further, the longer a patient remains in the hospital, the greater the risk for developing complications or infections acquired in the hospital. Conversely, a shorter stay for some conditions may indicate that the patient did not receive adequate care or that care was based more on financial than medical considerations. Recent concerns have raised the question of whether some hospital stays are too short, such as for obstetrical or mastectomy patients.

The following section is divided into seven parts:

**Well Child Visits** in the First 15 Months of Life.

**Well Child Visits** in the Third, Fourth, Fifth, and Sixth Years of Life.

**Inpatient Utilization - General Hospital/Acute Care** including discharges per 1,000 members per year and average length of stay for medicine, surgery, maternity, and total inpatient discharges.

**Ambulatory Care** including outpatient visits, emergency room visits, ambulatory surgery / procedures, and observation room stays per 1,000 members per year.

**Cesarean Section Rate** including average length of stay.

**Vaginal Birth After Cesarean Section (VBAC) Rate** including average length of stay.

**Births and Average Length of Stay, Newborns.**

**Mental Health Utilization - Inpatient Discharges and Average Length of Stay**

# Well-Child Visits in the First 15 Months of Life: 6 or More Visits

**Definition:** The percentage of children using the HMO who turned 15 months old during 1999 and received six or more well-child visits during those 15 months.

State and National Averages	1997	1998	1999
Texas Average .....	33.9%	26.6%	26.8%
Quality Compass® .....	51.9%	50.5%	50.7%
Healthy People 2000 Goal .....	90.0%		

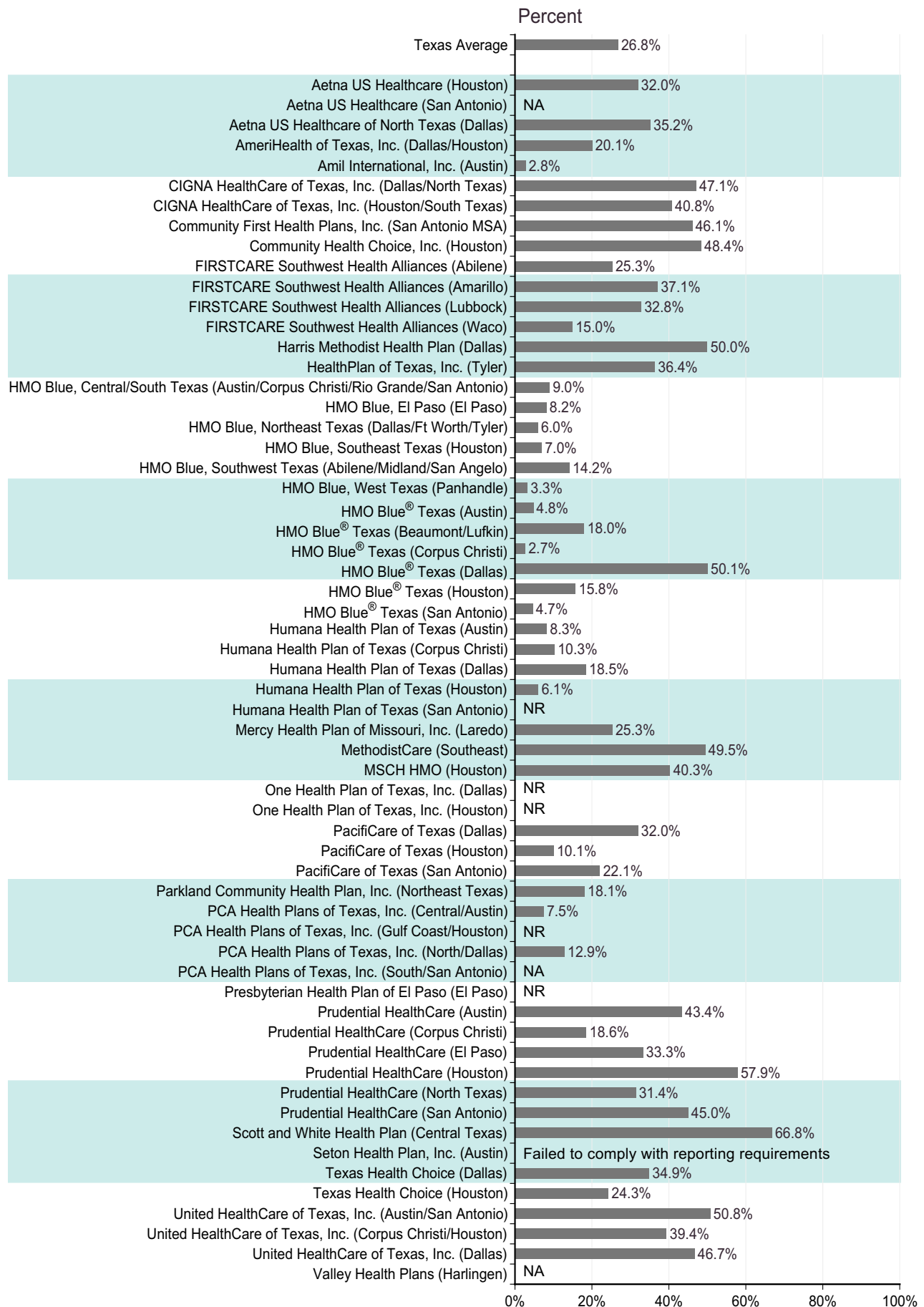
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Regular check-ups are one of the best ways to be sure that potential health problems are detected and treated early. These well-child check-ups also provide opportunities for parents and doctors to discuss concerns about the child's health and development. The American Academy of Pediatrics recommends that children have six well-child visits by the age of one.

The bar chart on the next page shows the percentage of children in each HMO who received six or more well-child visits by 15 months of age.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.  
NA - HMOs with fewer than 30 patients for this measure are not reported.

# Well-Child Visits in the First 15 Months of Life: 6 or more visits



# Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

**Definition:** The percentage of children using the HMO between three and six years of age during 1999 and received one or more well-child visit(s) with a primary care practitioner during the year.

State and National Averages	1997	1998	1999
Texas Average .....	*	*	30.8%
Quality Compass® .....	54.7%	52.0%	51.3%

\* Value not established or not obtained.

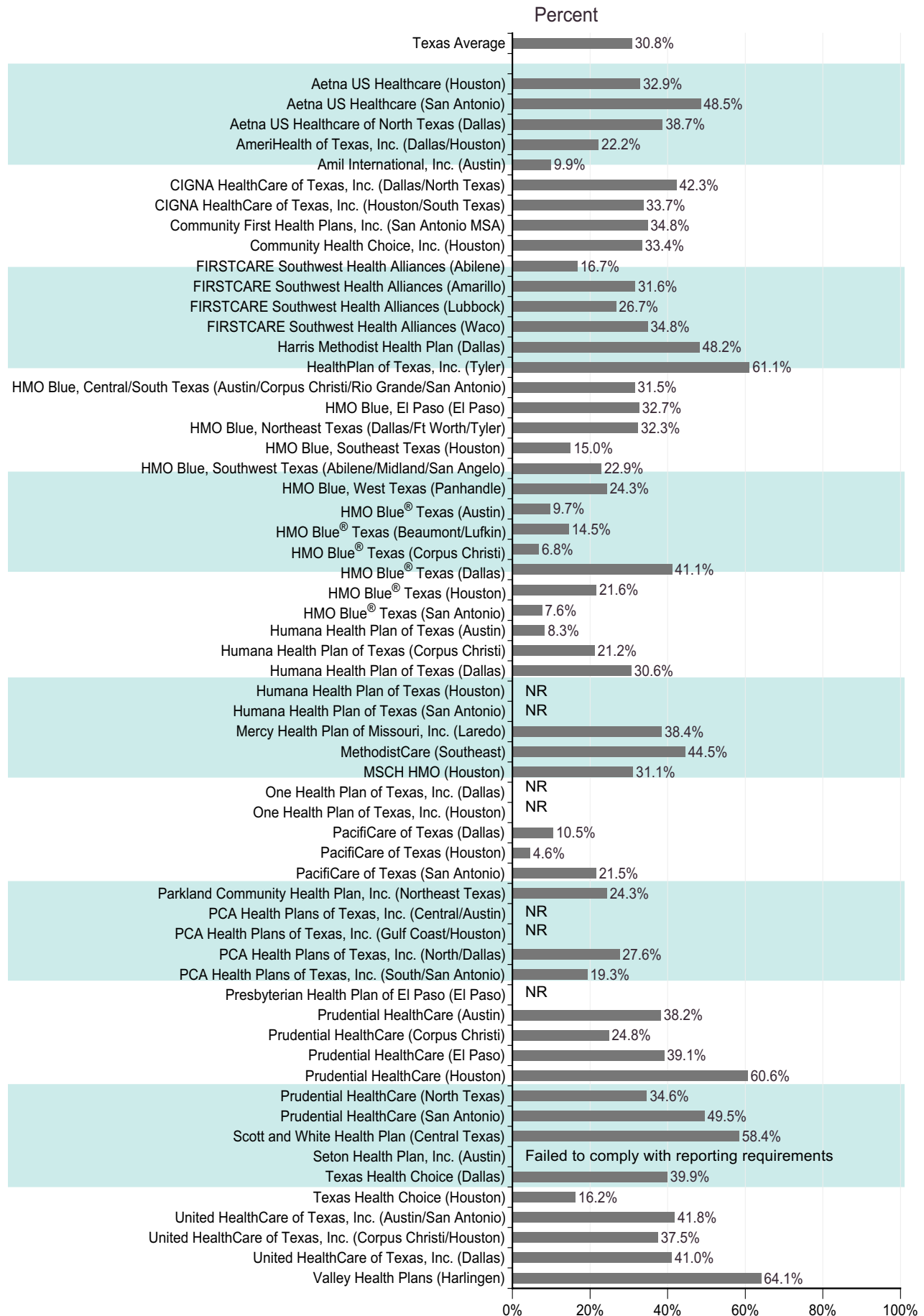
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

Regular check-ups during preschool and early elementary school years are primarily focused on detecting vision, speech, and language problems early. Difficulty in these areas can result in developmental and learning problems throughout childhood. The American Academy of Pediatrics recommends annual well-child visits for two to six year olds.

The bar chart on the next page shows the percentage of three, four, five, or six year olds in each HMO who had at least one well-child visit with a primary care practitioner during the year.

NR - Failed to submit the required data or data not certified by an NCQA licensed auditor.

# Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



# Inpatient Utilization - General Hospital/ Acute Care: Total

**Definition: Discharges per 1,000 members per year and average length of stay for all inpatient acute care services.**

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
Texas Average .....	55.6	3.6	56.3	3.6	60.3	3.5
Quality Compass® .....	*	*	*	*	52.4	3.6

D - Discharges per 1,000 members per year.

ALOS - Average length of stay in days.

\* Value not established or not obtained.

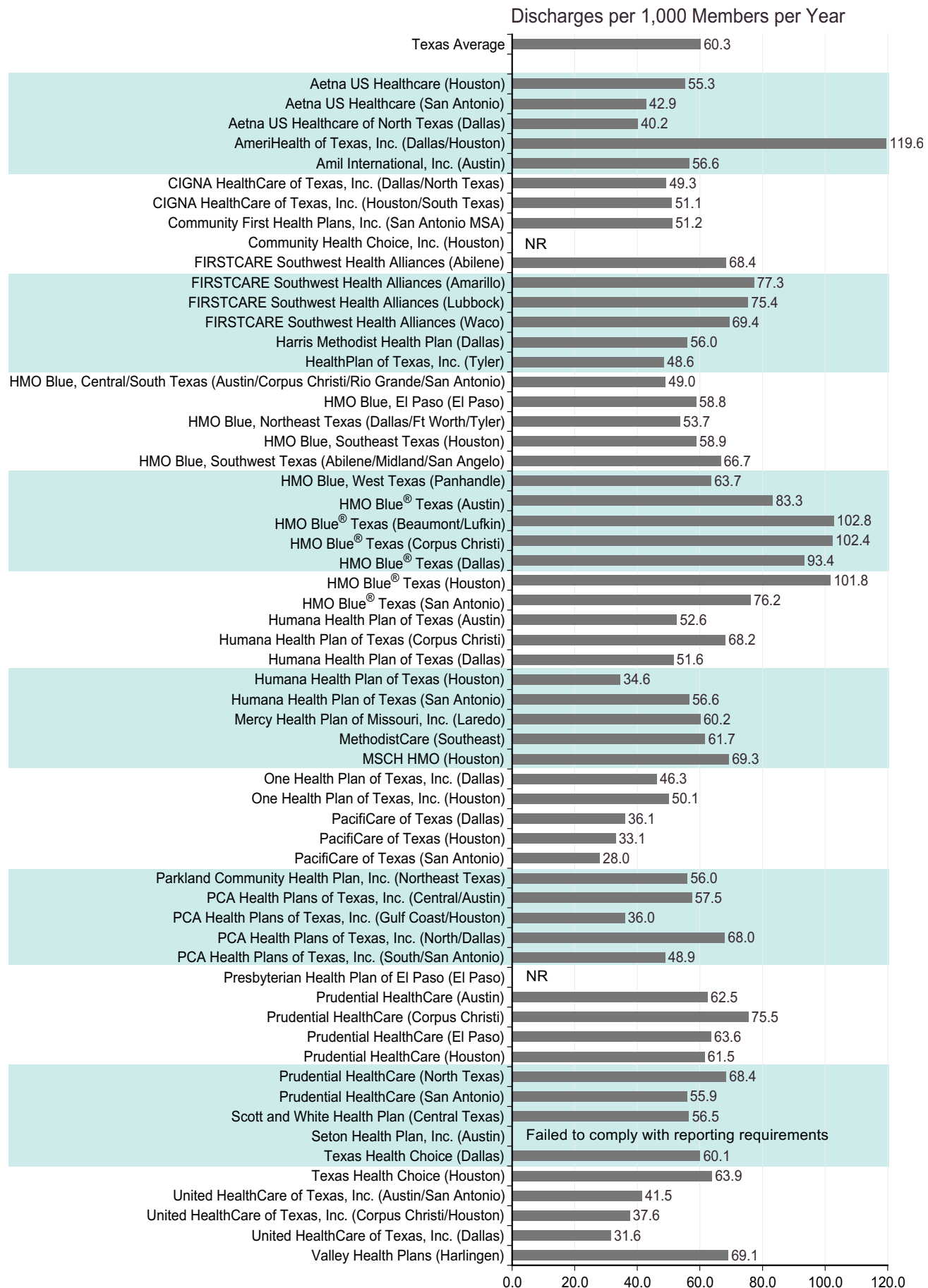
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**H**MO members are hospitalized for a variety of reasons. Whether for a planned delivery, a corrective surgery, or a life threatening emergency, hospitalization remains one of the largest contributors to overall health care costs. Total Inpatient Utilization estimates the extent that plan members receive inpatient hospital services for any reason other than non-acute care, mental health and chemical dependency, and newborn care.

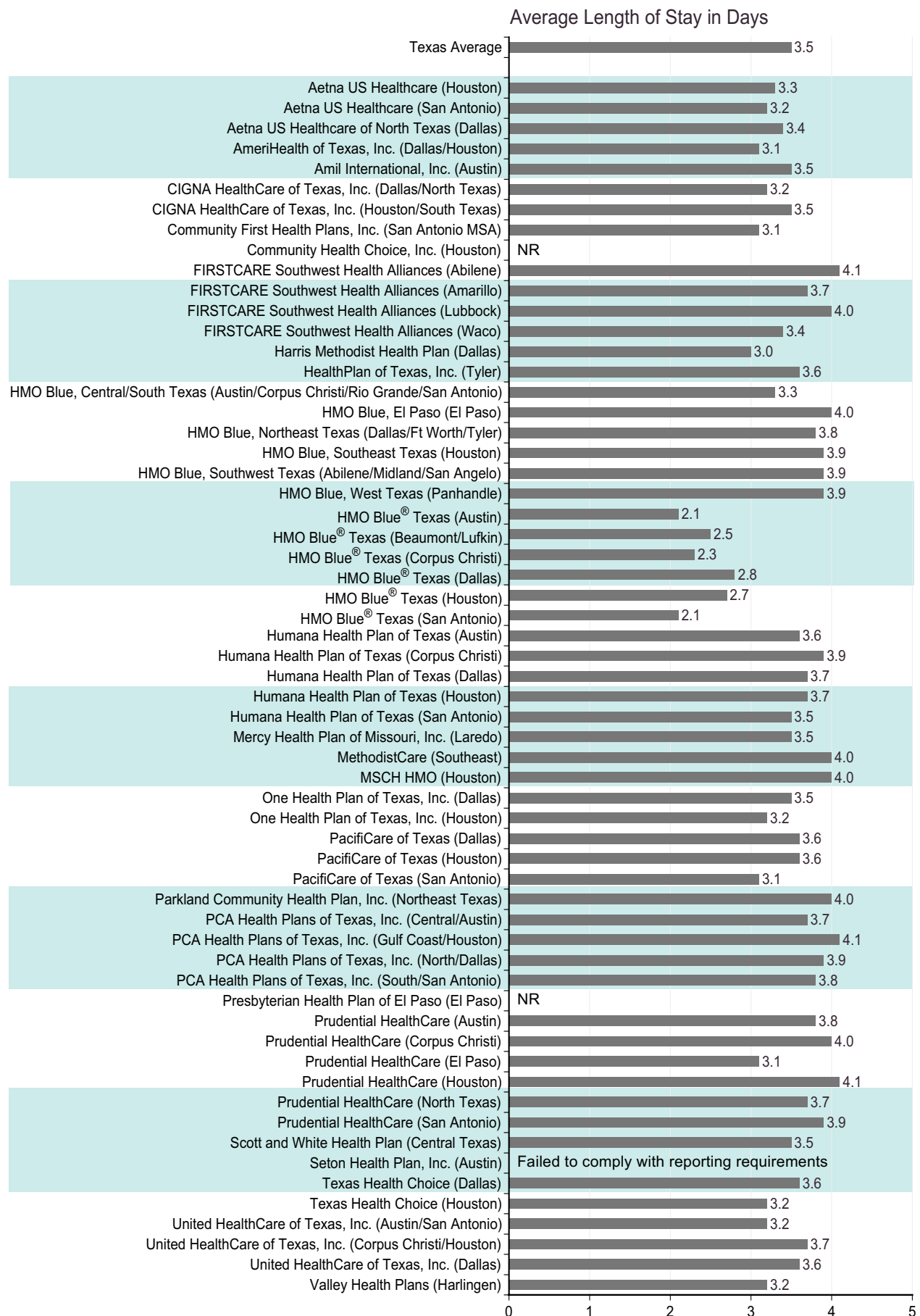
The bar charts on the next two pages show 1) the total number of discharges per 1,000 members per year in each HMO and 2) the average length of stay for total inpatient utilization.

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# Inpatient Utilization - General Hospital/Acute Care: Total Discharges per 1,000 Members per Year



# Inpatient Utilization - General Hospital/Acute Care: Total Average Length of Stay



# Inpatient Utilization - General Hospital/ Acute Care: Medicine

**Definition: Discharges per 1,000 members per year and average length of stay for medicine acute care services.**

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
Texas Average .....	23.9	3.8	25.3	3.8	27.0	3.7
Quality Compass® .....	*	*	*	*	23.8	3.7

D - Discharges per 1,000 members per year.

ALOS - Average length of stay in days

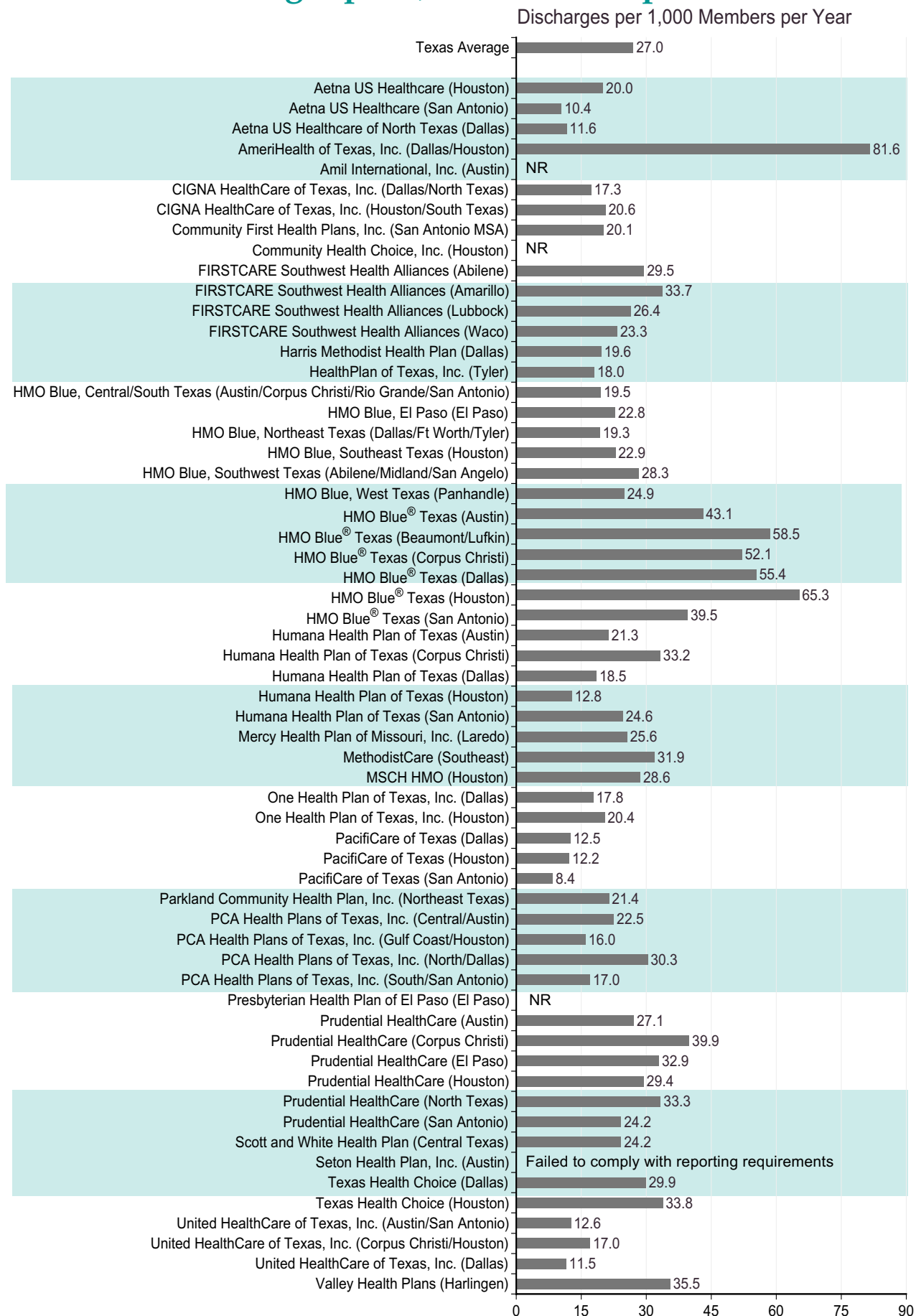
\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

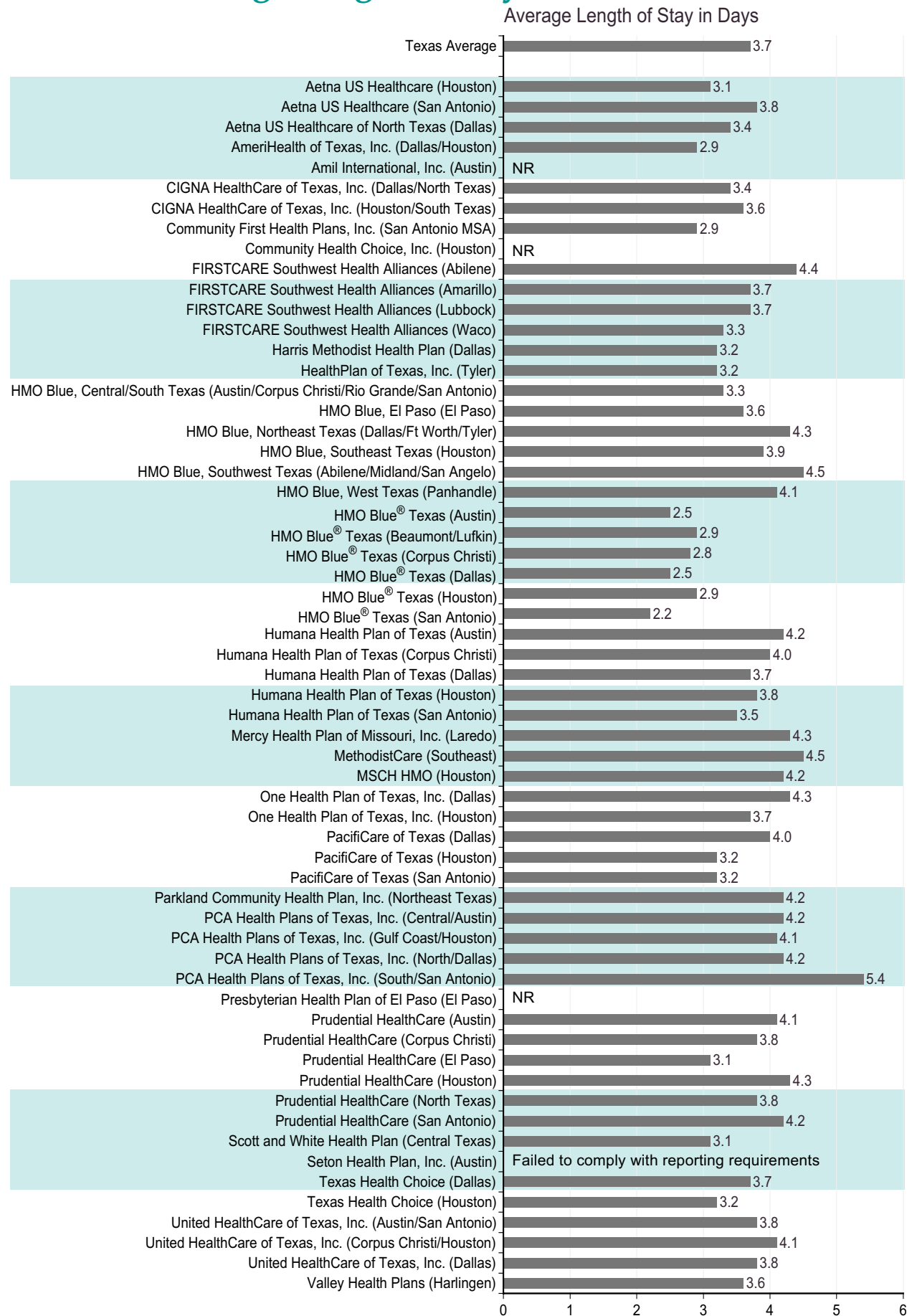
**T**his measure reports the extent to which health plan members received inpatient hospital services for non-surgical medical treatment. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members and use of outpatient alternatives.

The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for general medical hospitalizations in each HMO.

# Inpatient Utilization - General Hospital/Acute Care: Medicine Discharges per 1,000 Members per Year



# Inpatient Utilization - General Hospital/Acute Care: Medicine Average Length of Stay



# Inpatient Utilization - General Hospital/ Acute Care: Surgery

**Definition:** Discharges per 1,000 members per year, and average length of stay for all surgical acute care services.

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
Texas Average .....	16.5	4.4	14.8	4.5	16.9	4.2
Quality Compass® .....	*	*	*	*	15.4	4.4

D - Discharges per 1,000 members per year.

ALOS - Average length of stay in days

\* Value not established or not obtained.

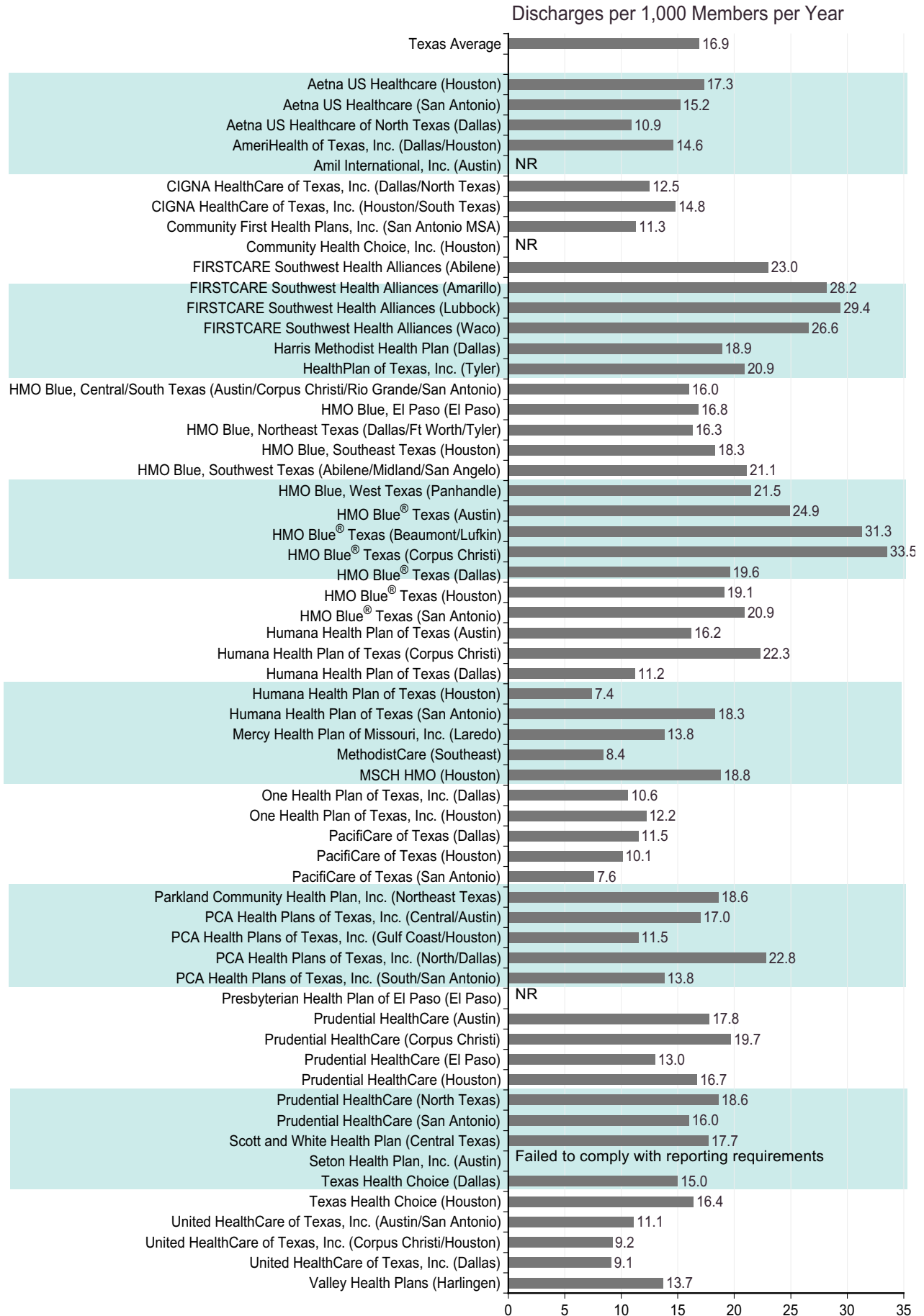
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**T**his measure reports the extent to which health plan members received surgical inpatient hospital services. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members and their use of outpatient alternatives.

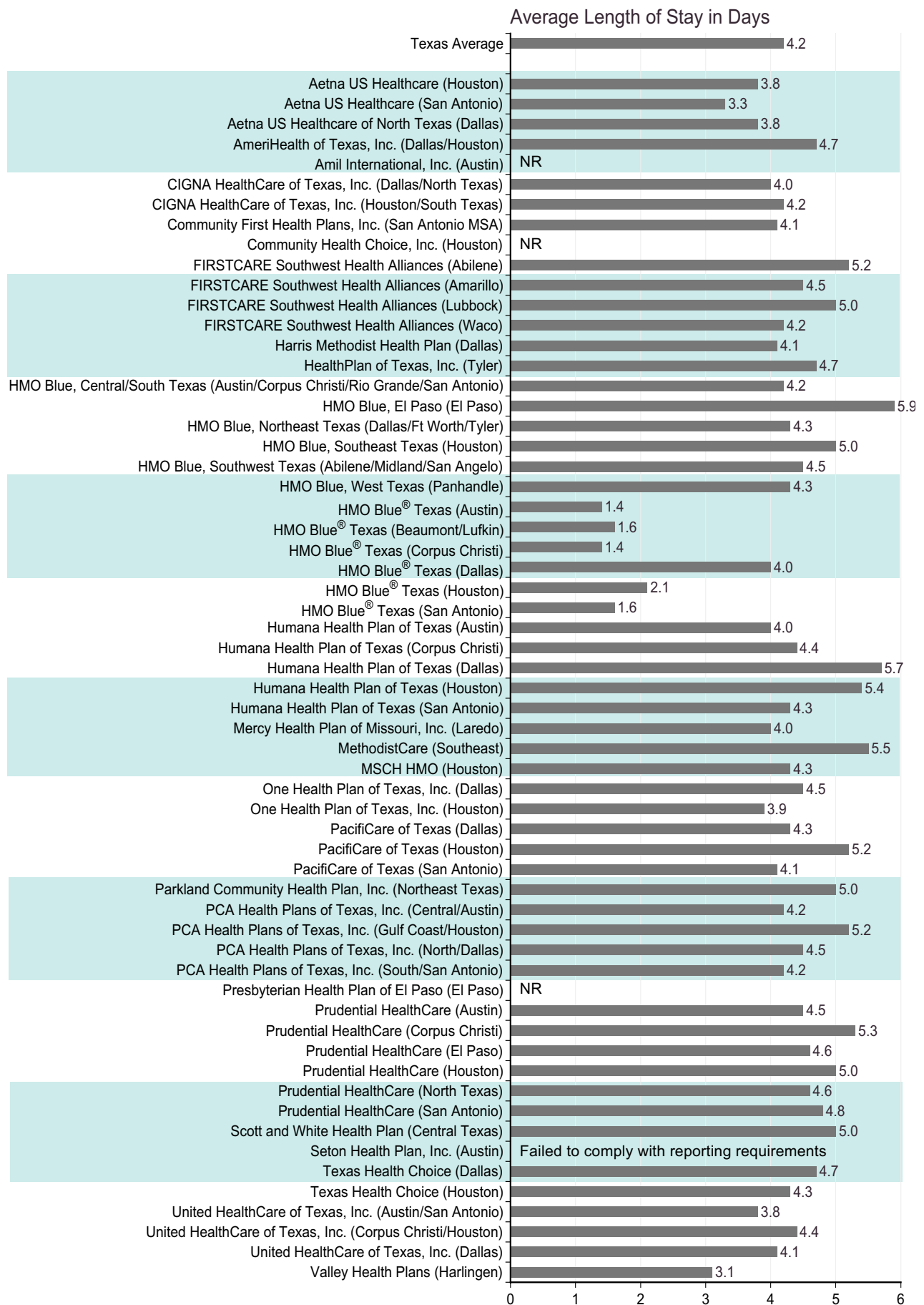
The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for surgery related hospitalizations in each HMO.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

# Inpatient Utilization - General Hospital/Acute Care: Surgery Discharges per 1,000 Members per Year



# Inpatient Utilization - General Hospital/Acute Care: Surgery Average Length of Stay



# Inpatient Utilization - General Hospital/ Acute Care: Maternity

**Definition: Discharges per 1,000 members per year, and average length of stay for maternity acute care services.**

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
Texas Average .....	17.4	2.4	15.9	2.6	16.1	2.5
Quality Compass® .....	*	*	*	*	14.2	2.5

D - Discharges per 1,000 members per year.

ALOS - Average length of stay in days

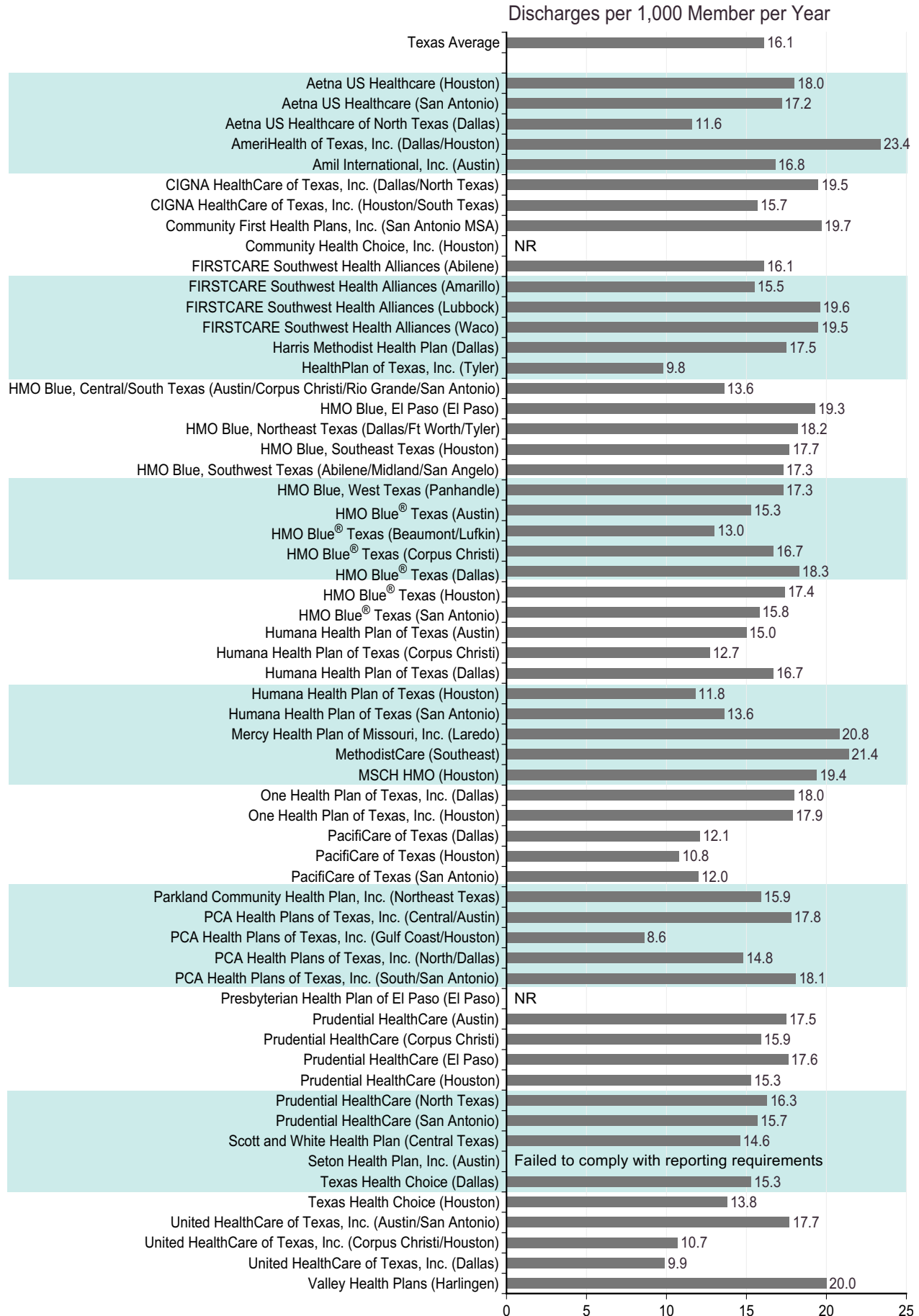
\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

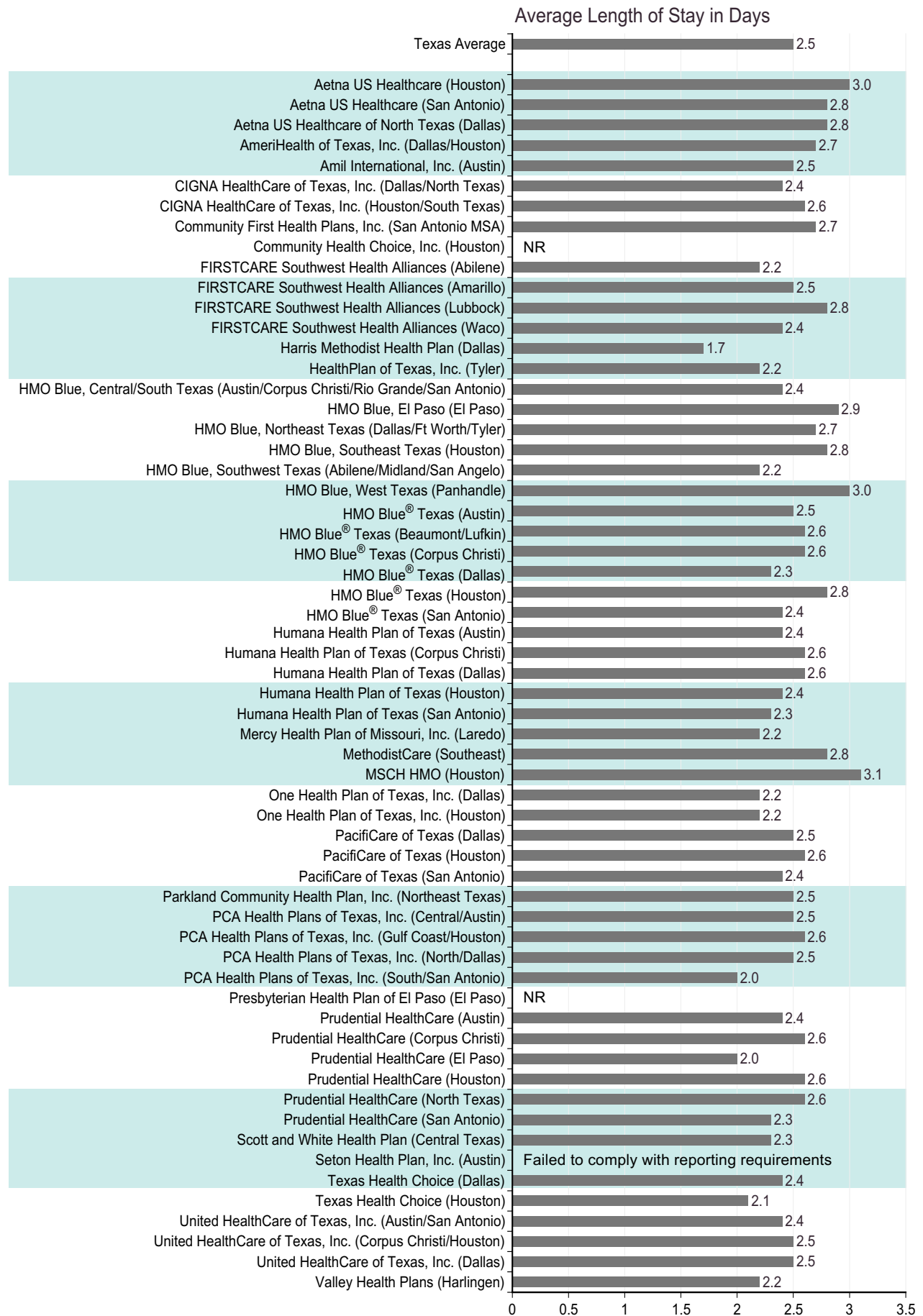
**T**his measure reports the extent to which health plan members received inpatient hospital services for maternity related services. When interpreting this information, it is important to remember that these results are not risk-adjusted for demographic characteristics such as age of the mother.

The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for maternity related hospitalizations in each HMO.

# Inpatient Utilization - General Hospital/Acute Care: Maternity Discharges per 1,000 Members per Year



# Inpatient Utilization - General Hospital/Acute Care: Maternity Average Length of Stay



# Ambulatory Care

**Definition:** The number of ambulatory care services per 1,000 members per year. Ambulatory services are divided into the following categories: Outpatient Visits, Emergency Department Visits, Ambulatory Surgery/Procedures performed in hospital outpatient facilities or freestanding surgical centers, and Observatory Room Stays that result in discharge.

State and National Averages	1997	1998	1999
<hr/>			
Texas Average			
Outpatient Visits .....	*	2602.0	2544.0
ER Visits .....	*	162.4	164.9
Ambulatory Surgery/Procedures .....	*	55.0	56.8
Observation Room Stays .....	*	10.0	7.7
Quality Compass®			
Outpatient Visits .....	3,202.2	3,077.8	2894.8
ER Visits .....	132.5	137.0	157.7
Ambulatory Surgery/Procedures .....	80.2	70.5	61.6
Observation Room Stays .....	*	*	6.3

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**Ambulatory categories are further defined below.**

**Outpatient Visits:** This category reports face-to-face encounters between the practitioner and patient for office visits or routine visits to hospital outpatient departments. It provides a reasonable proxy for professional ambulatory encounters.

**Emergency Room Visits:** This category reports the use of emergency room services which are sometimes be used as a substitute for ambulatory clinic encounters. The decision to use an emergency room rather than a clinic or physician's office may be the result of insufficient access to primary care, rather than a patient's behavior. However emergency room visits are often more costly than outpatient visits. Therefore, it is important to note unusual trends in emergency room utilization. Health plans, which promote effective ambulatory treatment of patients, do so in order to keep cost down and reduce unnecessary emergency room visits.

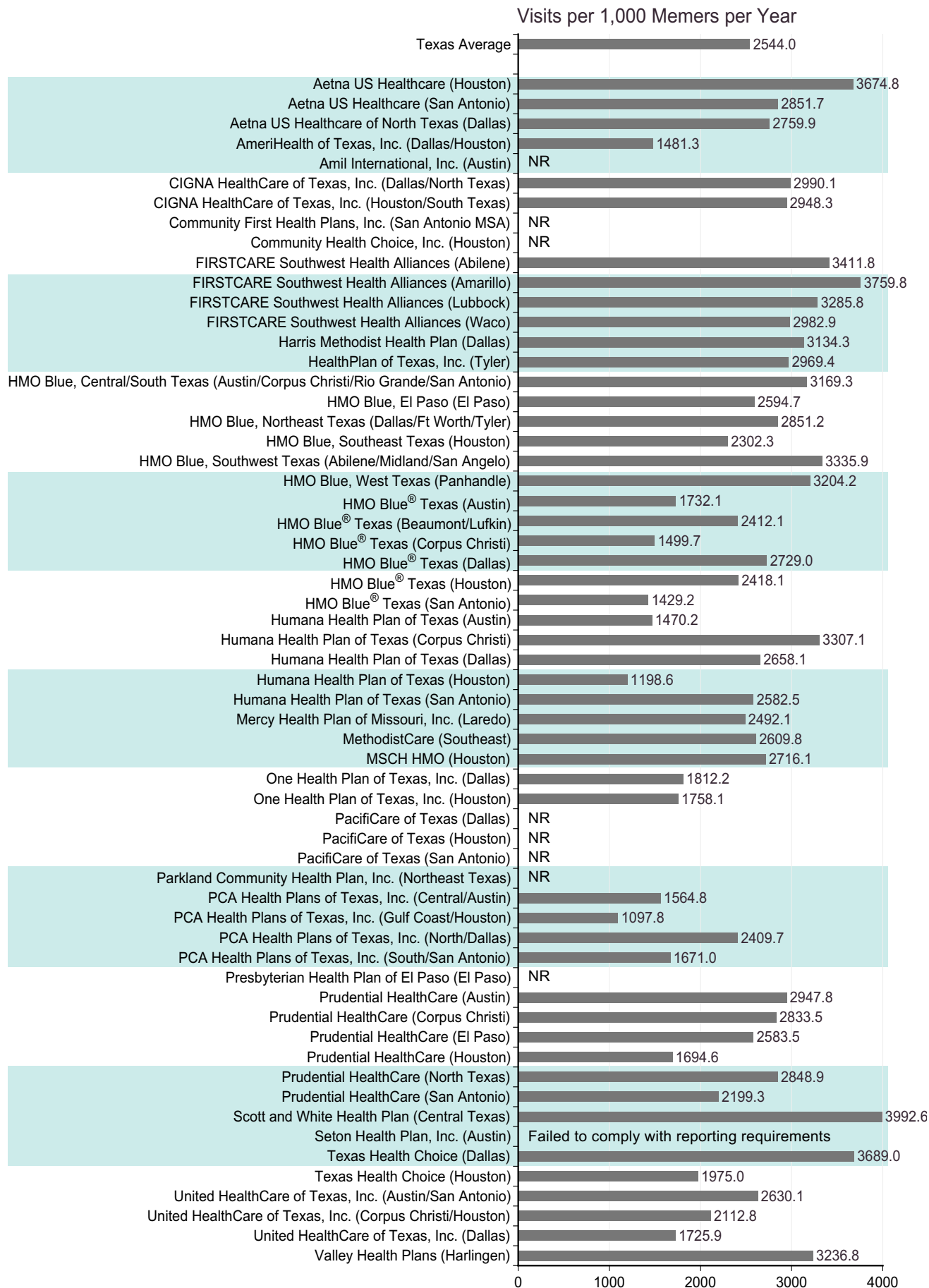
**Ambulatory Surgery/Procedures:** This category reports only ambulatory surgery / procedures performed at a hospital outpatient facility or at a freestanding surgical center. Office-based surgeries/procedures are not included in this measure but are reported under **Outpatient Visits**. Many procedures previously performed during an inpatient stay are now routinely performed on an outpatient basis.

**Observation Room Stays:** This category reports observation room stays resulting in discharge of the patient. The observation room is generally part of the outpatient department of a hospital where patients stay for observation until the physician can determine whether inpatient admission is necessary.

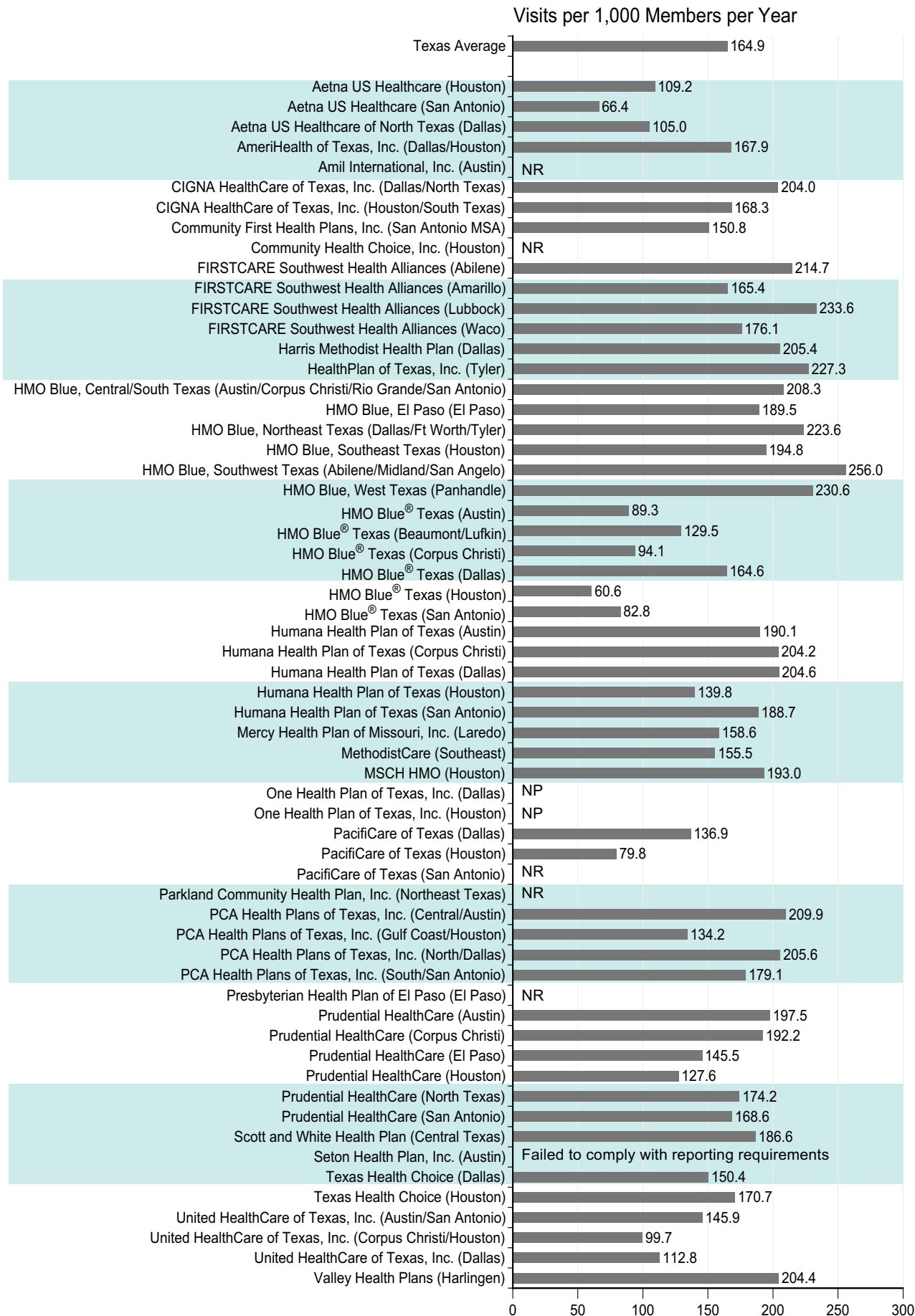
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

NP - Not published due to data error found by THCIC.

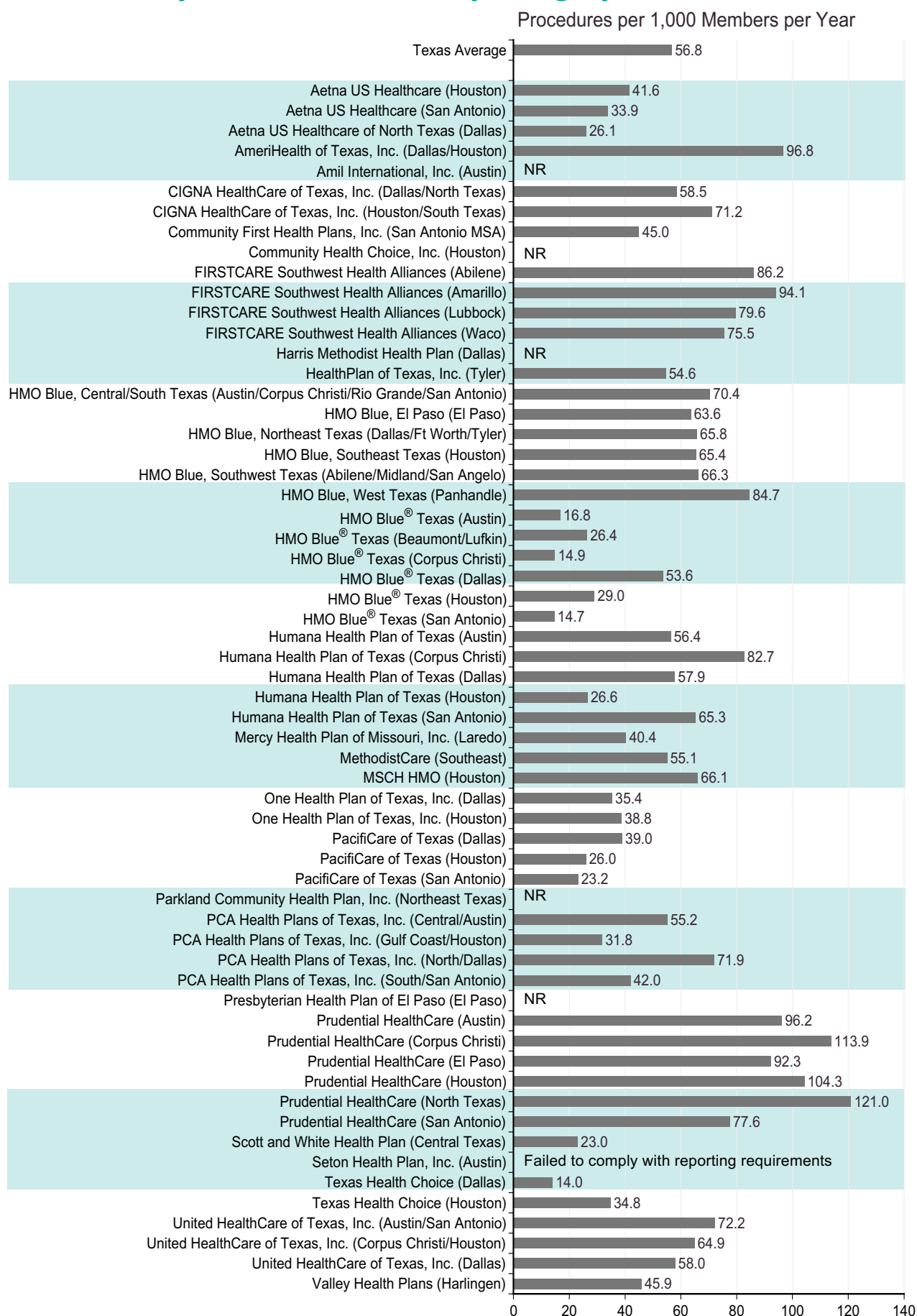
# Ambulatory Care: Outpatient Visits



# Ambulatory Care: Emergency Room Visits

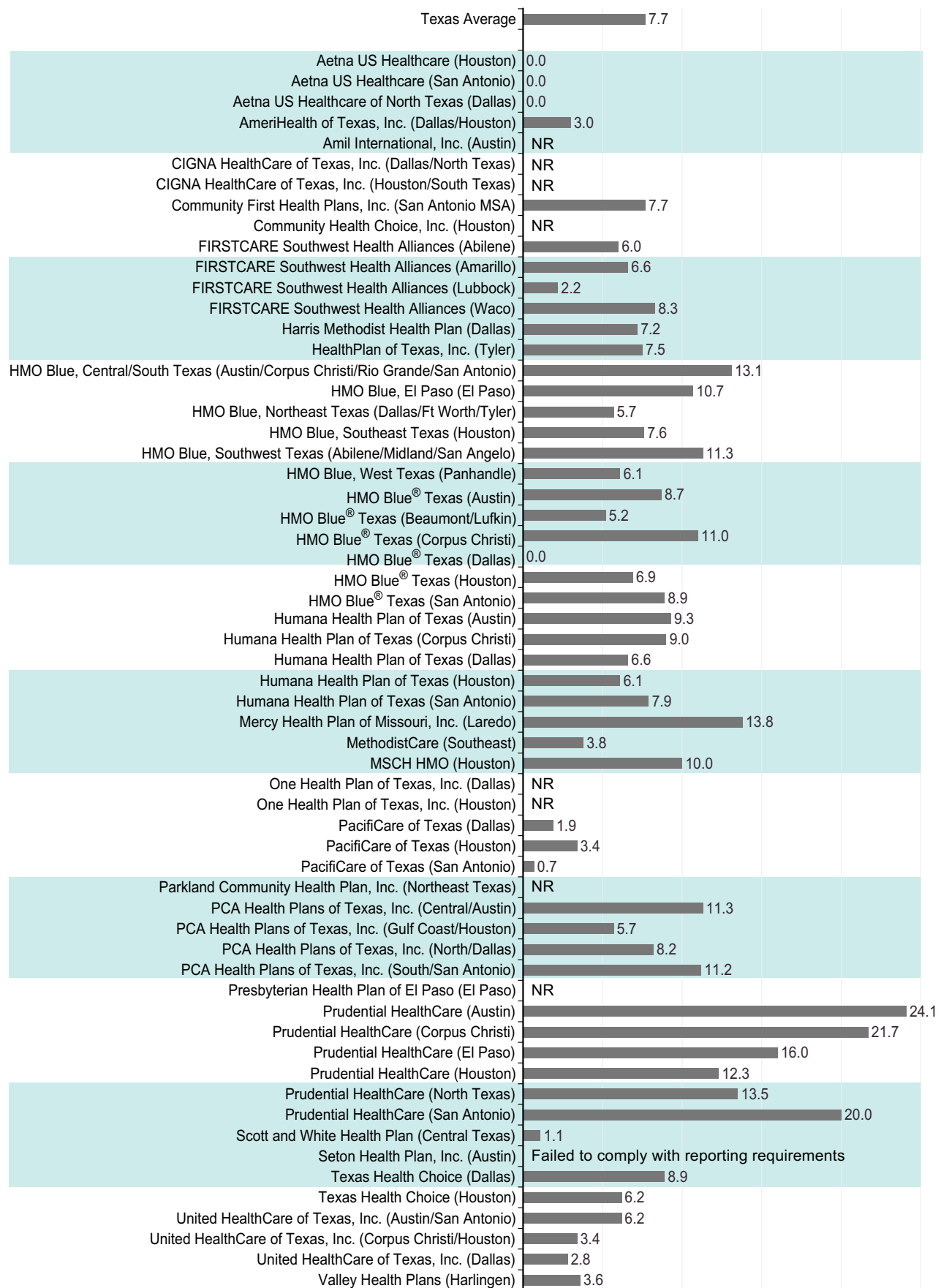


# Ambulatory Care: Ambulatory Surgery/Procedures



# Ambulatory Care: Observation Room Stays

Stays per 1,000 Members per Year



# Cesarean Section Rate

**Definition:** The percent of cesarean section deliveries and the average length of stay for cesarean deliveries during 1999 for each HMO.

State and National Averages	1997	1998	1999
Texas Average .....	23.7%	23.7%	25.7%
Quality Compass® .....	20.5%	21.2%	22.6%
Healthy People 2000 Goal .....	15.0%		

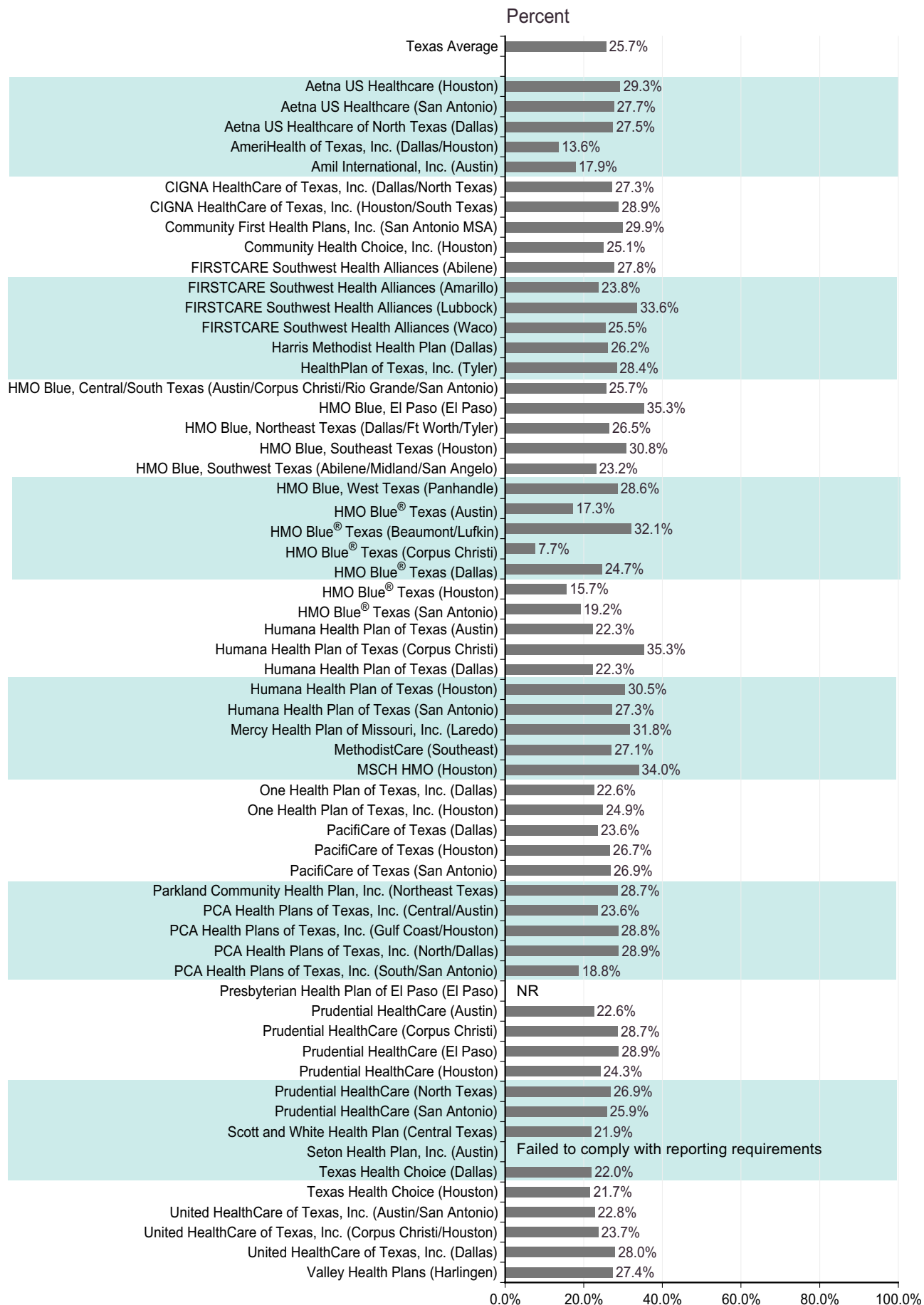
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

There has been great concern that cesarean sections (C-sections), one of the most frequently performed surgical procedures, are performed too frequently. A study conducted in the early 1990's demonstrated that C-sections were performed for the following reasons: C-section after prior cesarean (35%), diagnosis and management of difficult and prolonged labor (30%), breech presentation (12%), fetal distress (9%), and "other" (14%).<sup>1</sup> The Healthy People 2000 goal is to decrease to 15% or less the proportion of women who receive C-sections.

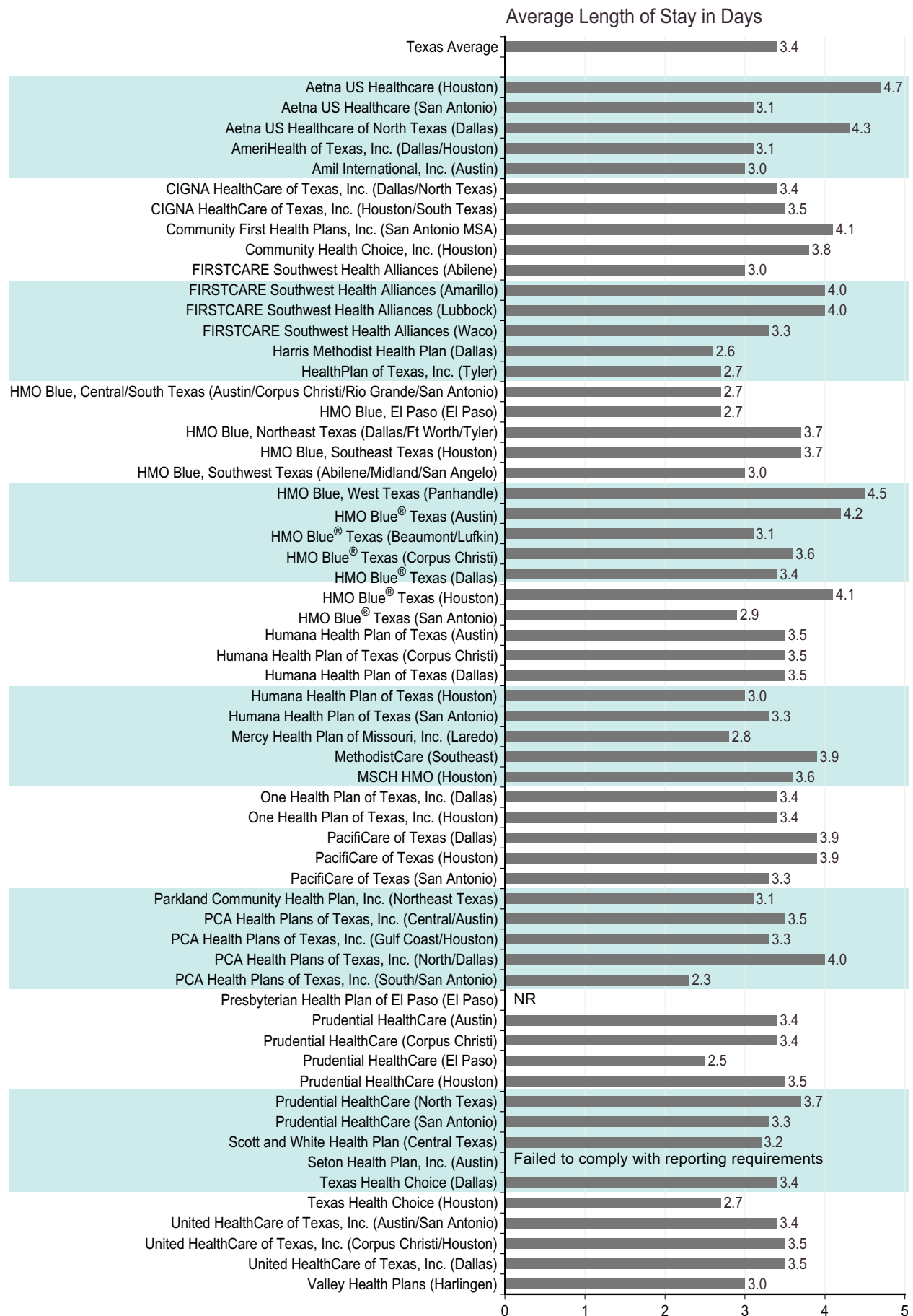
The bar charts on the next two pages show the C-section rate and the average length of stay in days for a C-section delivery for each HMO.

1. Data Verification Project HEDIS® 3.0-1998-1996 Results Technical Report (1997), North Central Texas HEDIS Coalition, Arlington, Texas.

# Cesarean Section Rate



# Cesarean Section Average Length of Stay



# Vaginal Birth After C-Section (VBAC) Rate

**Definition:** The percent of vaginal deliveries for women with a prior cesarean section and the average length of stay for VBAC deliveries during 1999 for each HMO.

State and National Values	1997	1998	1999
Texas Average .....	31.6%	31.9%	29.3%
Quality Compass® .....	*	39.5%	35.8%
Healthy People 2000 Goal .....	35.0%		

\* Value not established.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

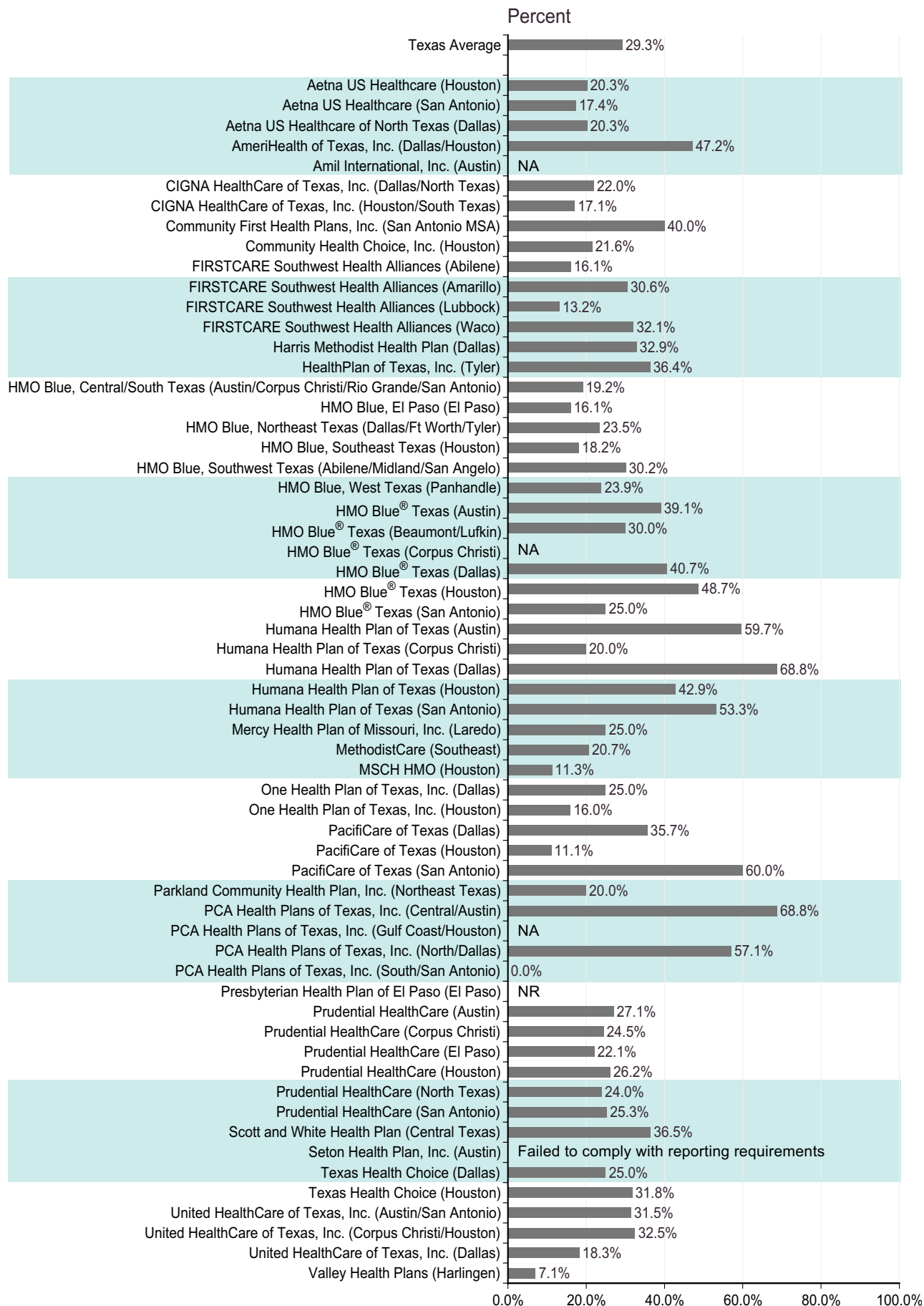
In addition to trying to reduce the number of cesarean sections (C-sections) they perform, many obstetricians are now reversing the trend of “once a C-section always a C-section”. Patient and practitioner education programs which address the safety and desirability of vaginal birth after C-section (VBAC) deliveries can increase VBAC rates and thereby decrease C-section rates and their associated risk. The Healthy People 2000 goal for VBAC deliveries is 35%.

The bar charts on the next two pages show the percentage of vaginal deliveries by women with a prior cesarean section (VBAC) and the average length of stay for a VBAC delivery for each HMO.

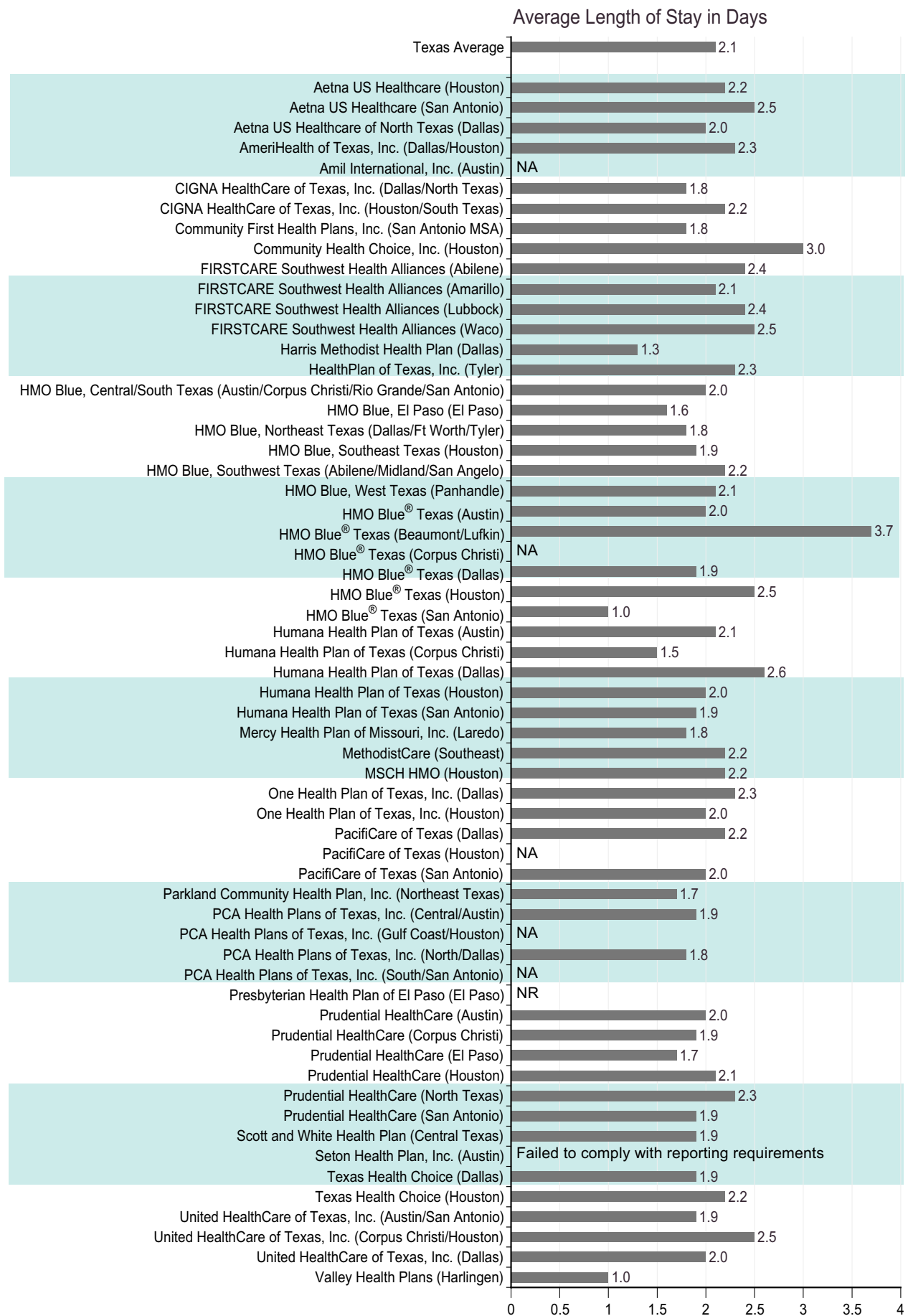
NR - Failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Vaginal Birth After Cesarean Section (VBAC) Rate



# Vaginal Birth After Cesarean Section (VBAC) Average Length of Stay



# Births and Average Length of Stay, Newborns

**Definition:** The number of discharges per 1,000 members per year and average length of stay for newborns discharged during 1999 for each HMO.

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
<hr/>						
Texas Average						
Total Newborns .....	*	*	*	*	13.8	3.1
Well Newborns .....	*	*	*	*	12.8	2.0
Complex Newborns .....	*	*	*	*	1.0	18.0
Quality Compass®						
Total Newborns .....	*	*	*	*	12.4	3.1
Well Newborns .....	*	*	*	*	11.6	2.1
Complex Newborns .....	*	*	*	*	0.8	17.4

D - Discharges per 1,000 members per year.

ALOS - Average Length of Stay in Days

\* Value not established or not obtained.

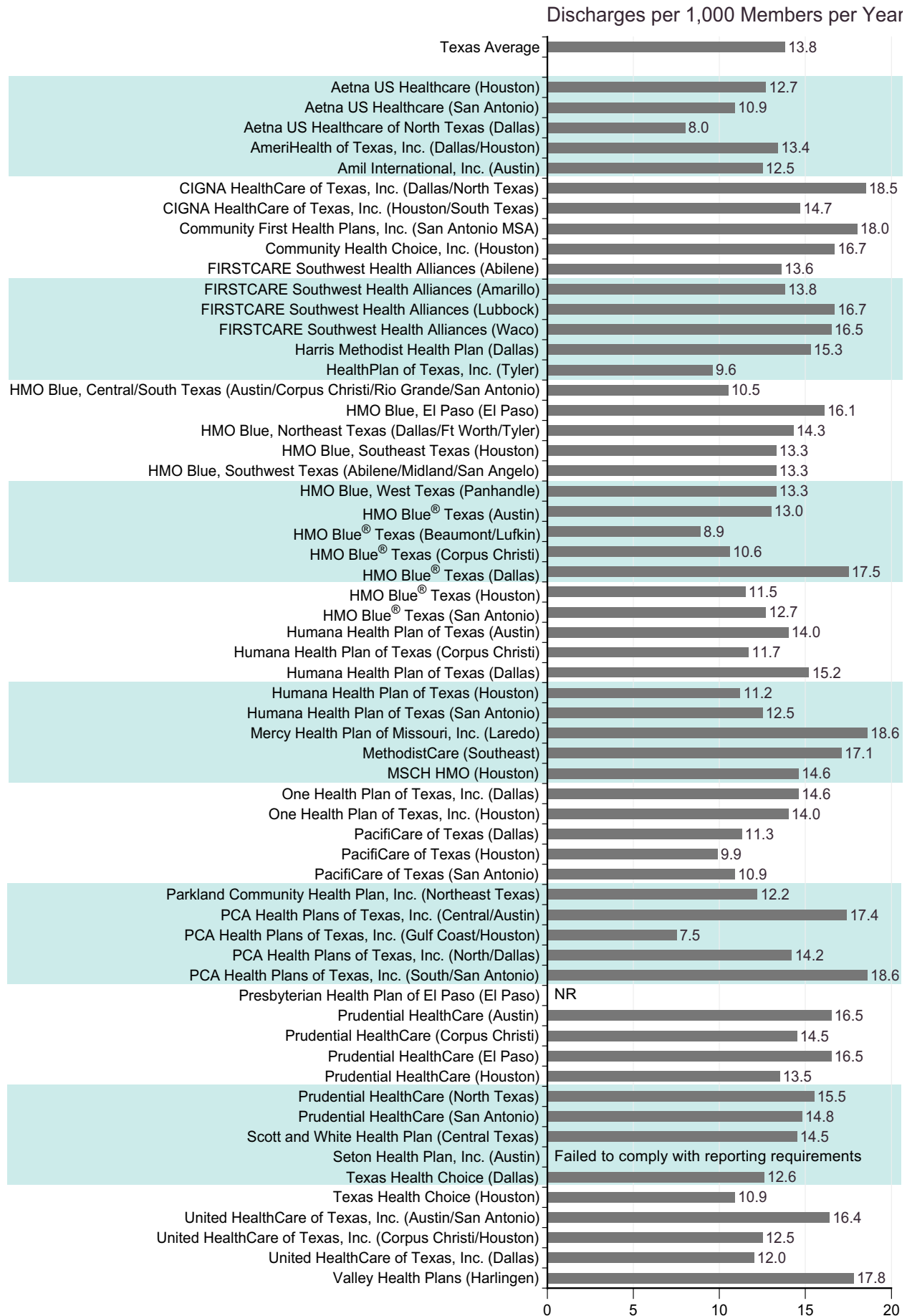
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

This measure summarizes information collected on the number of newborns delivered during the reporting year and how long they remained in the hospital after delivery. These summary data are presented in three parts: Discharges and average length of stay for all newborns, discharges and average length of stay for *well* newborns, and discharges and average length of stay for *complex* newborns. Well newborns are defined as having a length of stay of less than five days. Complex newborns are defined as having a length of stay greater than or equal to 5 days or expiring in less than five days.

The bar charts on the next six pages show discharges per 1,000 members per year and average length of stay for total newborns in each HMO.

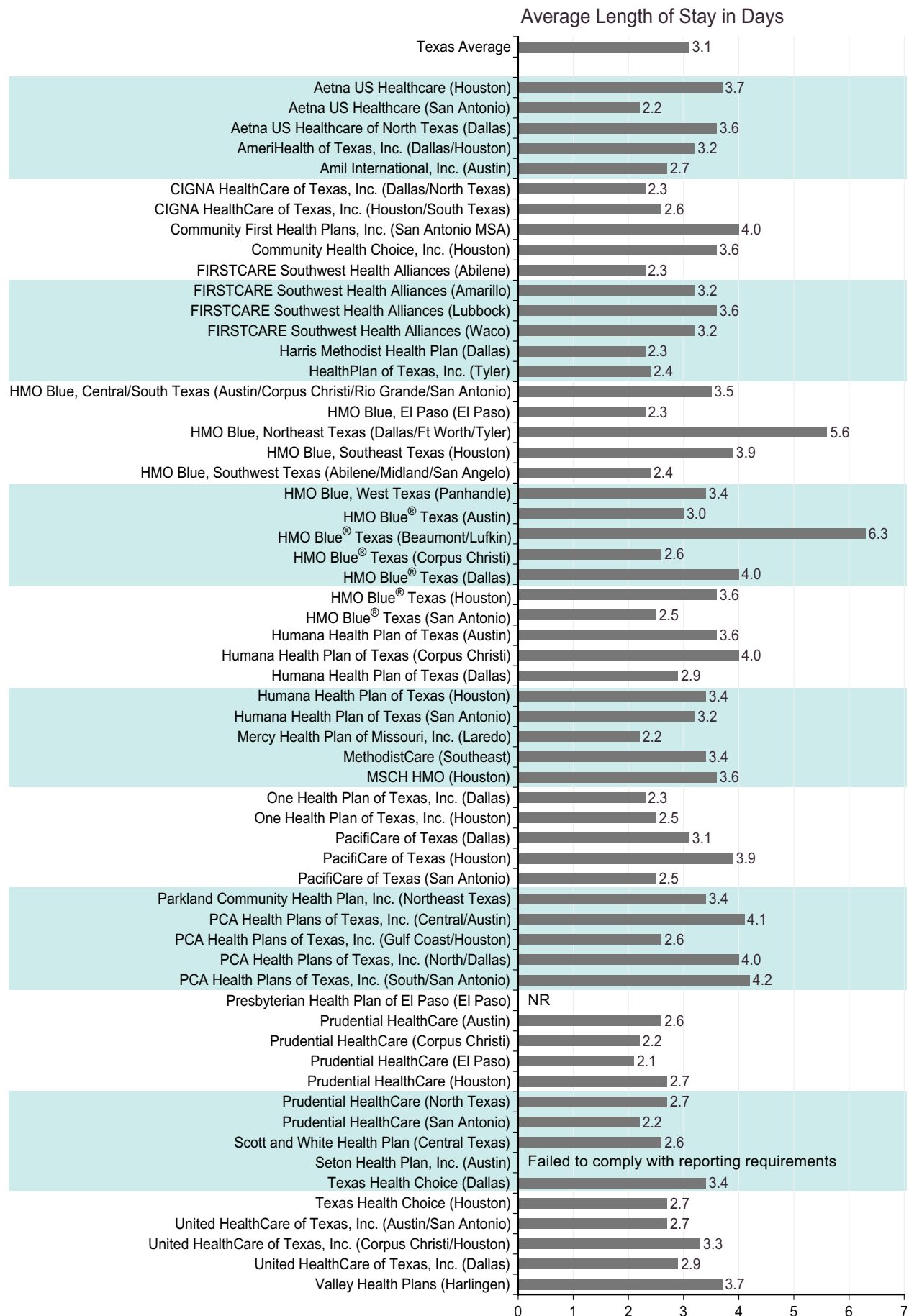
NR - Failed to submit the required data or data not certified by an NCQA licensed auditor.

# Births and Average Length of Stay, Newborns: Total Discharges per 1,000 Members per Year

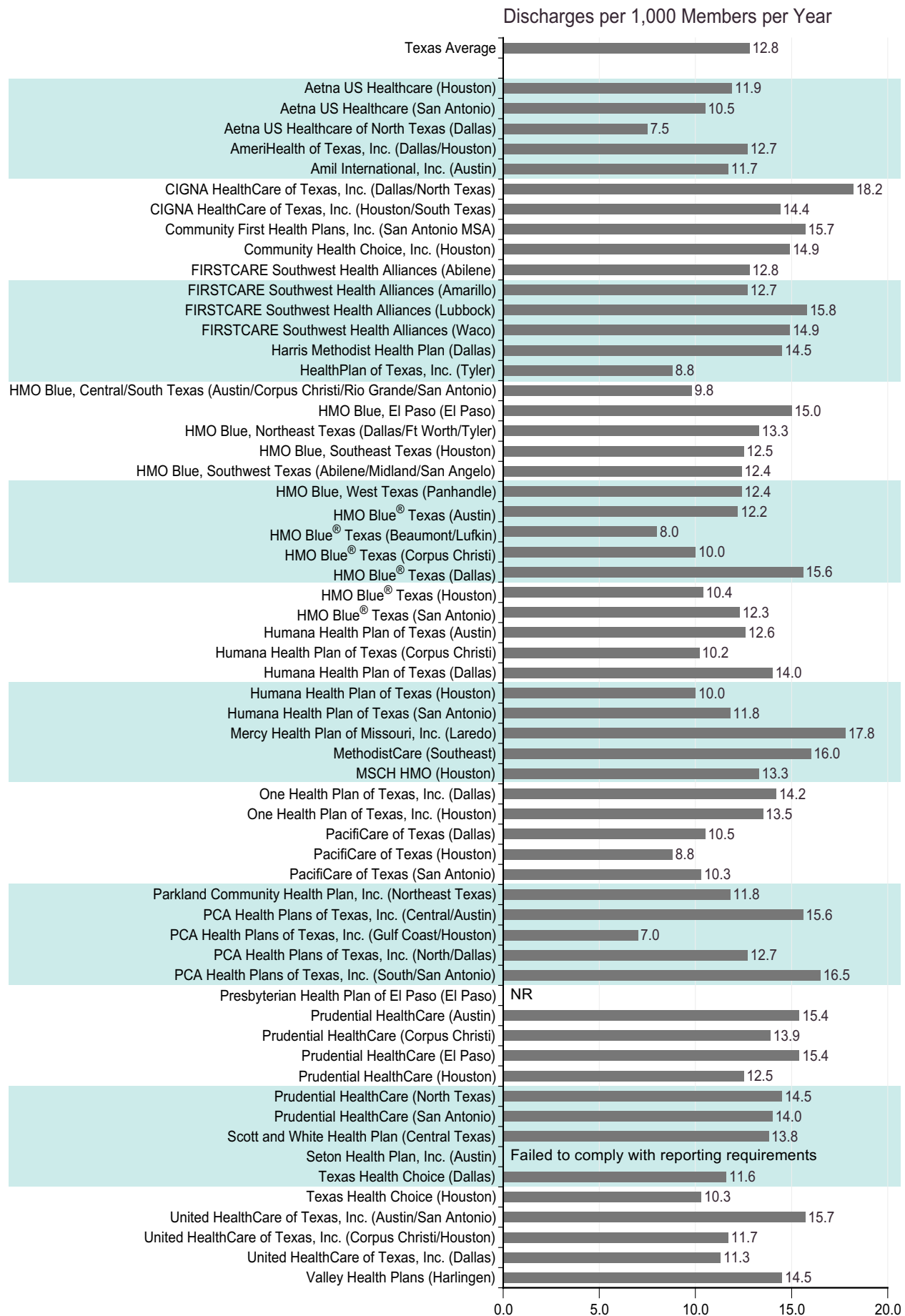


# Births and Average Length of Stay, Newborns:

## Total Average Length of Stay in Days

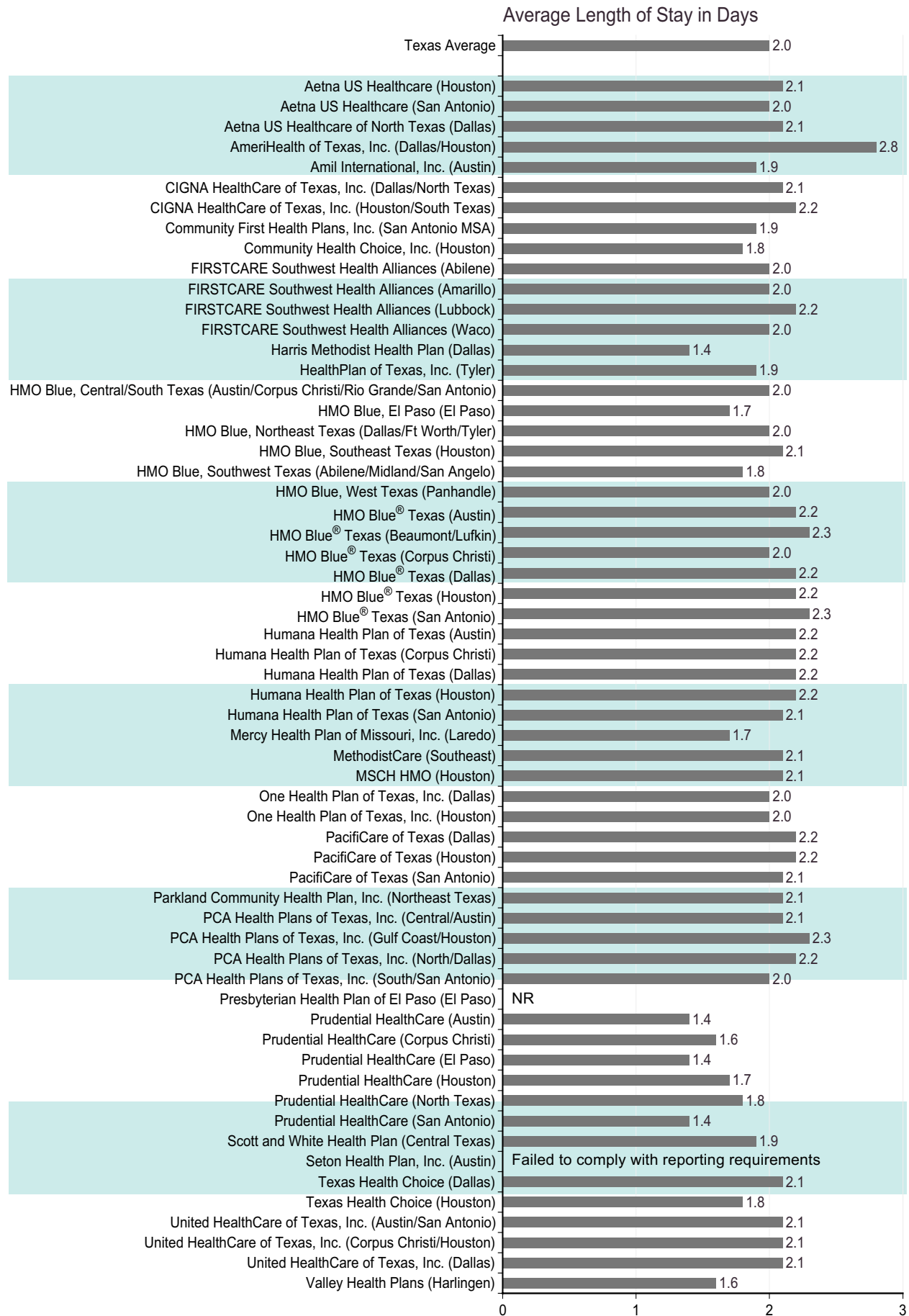


# Births and Average Length of Stay, Newborns: Well Newborn Discharges per 1,000 Members per Year

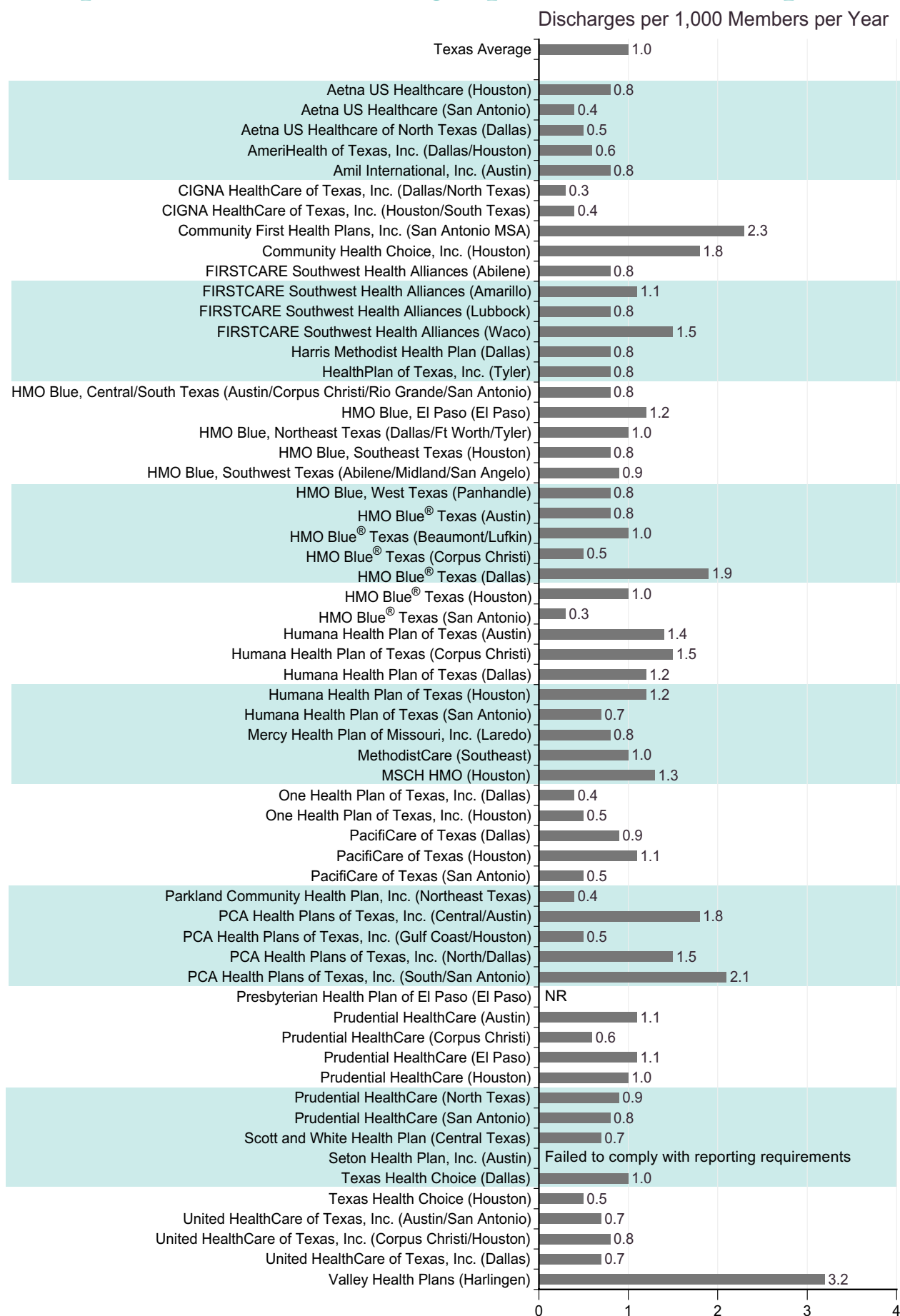


# Births and Average Length of Stay, Newborns:

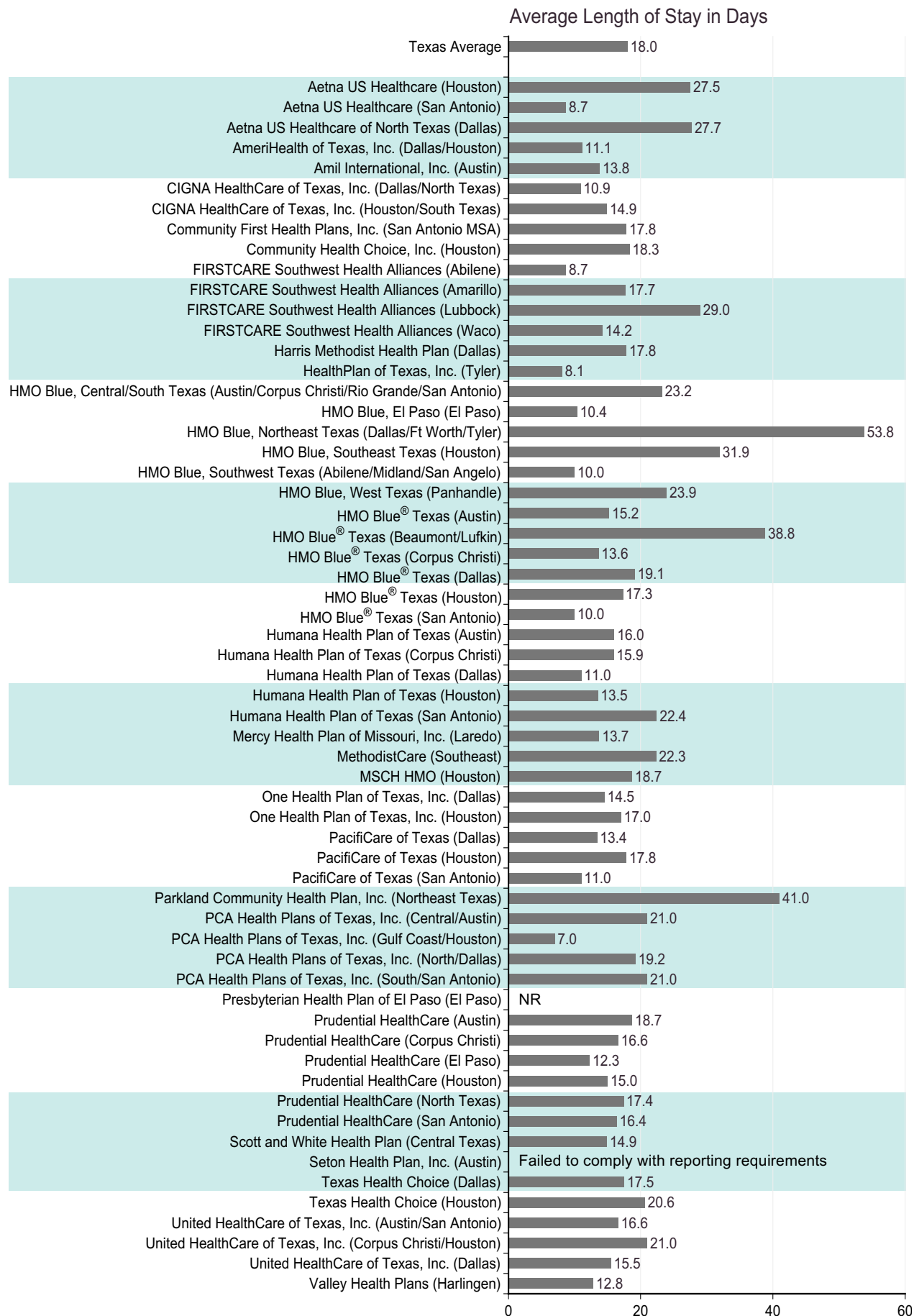
## Well Newborn Average Length of Stay in Days



# Births and Average Length of Stay, Newborns: Complex Newborn Discharges per 1,000 Members per Year



# Births and Average Length of Stay, Newborns: Complex Newborn Average Length of Stay in Days



# Mental Health Utilization - Inpatient Discharges and Average Length of Stay

**Definition:** Discharges per 1,000 members per year and average length of stay for mental health related inpatient hospitalization for each HMO.

State and National Averages	1997		1998		1999	
	D	ALOS	D	ALOS	D	ALOS
Texas Average	*	*	3.0	6.0	2.0	6.0
Quality Compass®	*	*	*	*	2.6	5.4

D - Discharges per 1,000 members per year.

ALOS - Average Length of Stay in Days

\* Value not established or not obtained.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

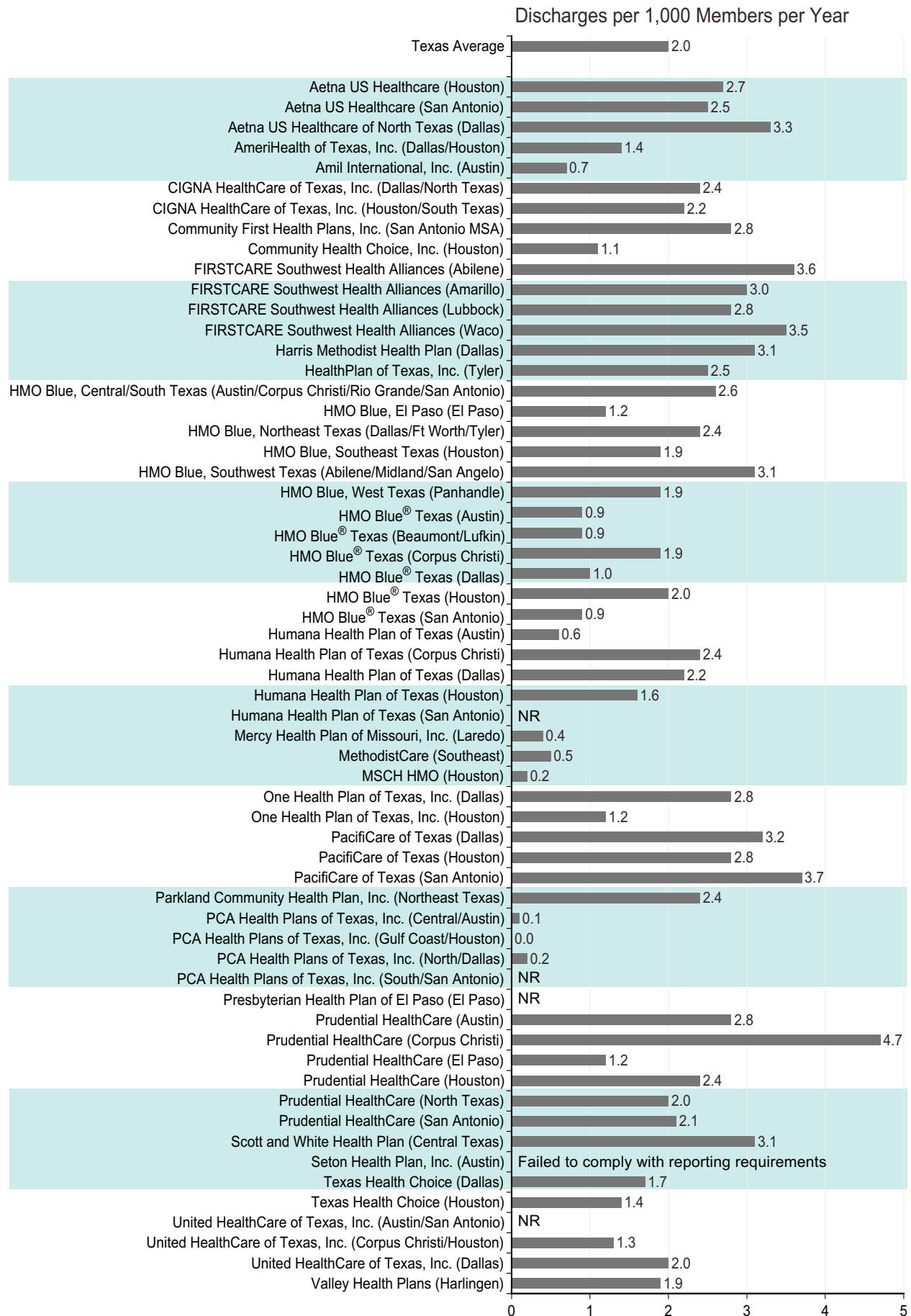
**M**ental health services can be of great interest to employers. Inadequate mental health services can lead to absenteeism, lost productivity, and increased general medical expenses.

The bar charts on the next two pages show the discharges per 1,000 members per year and average length of stay for mental health hospitalizations in each HMO.

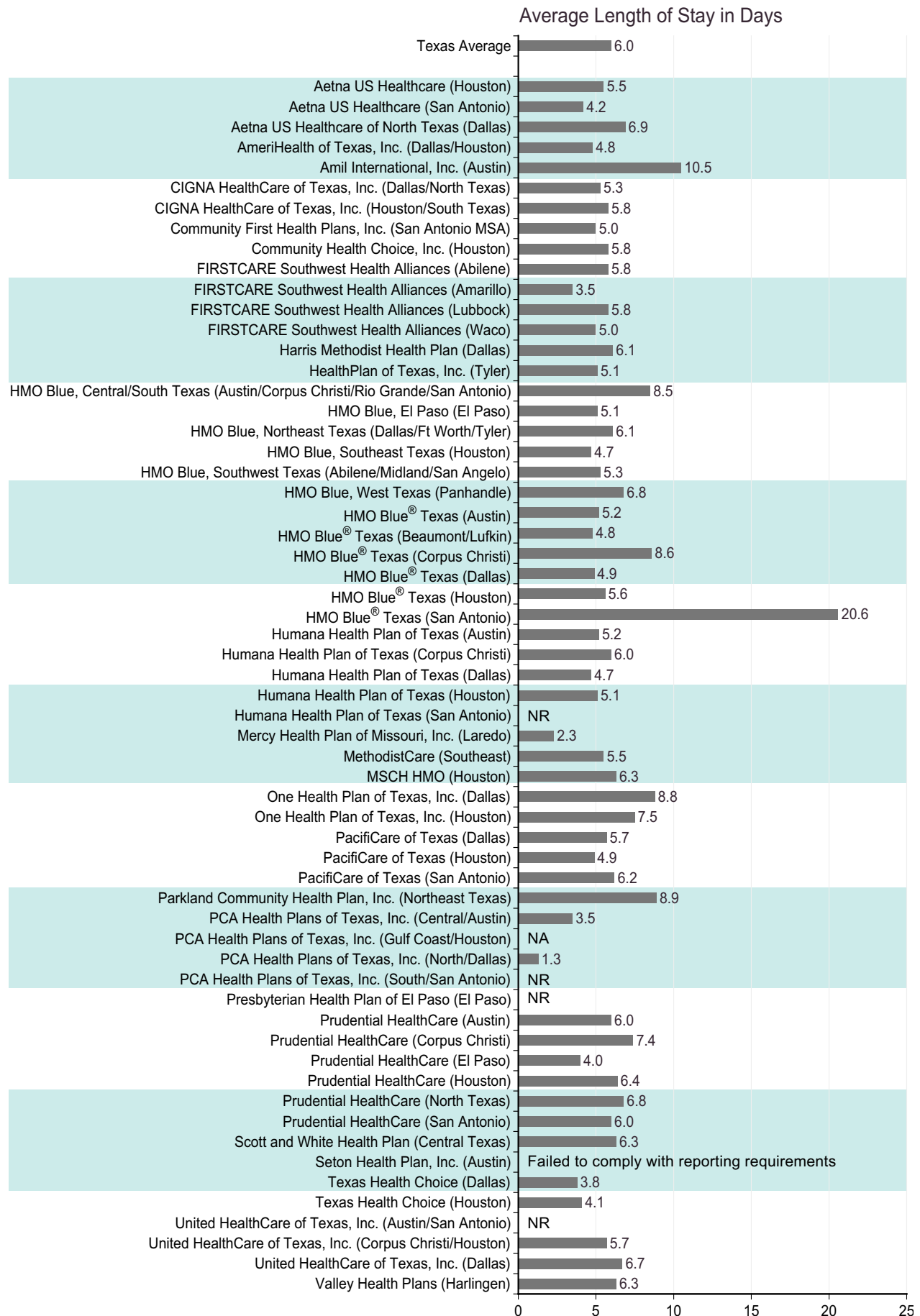
NR - Failed to submit the required data or data not certified by an NCQA licensed auditor.

NA - HMOs with fewer than 30 patients for this measure are not reported.

# Mental Health Utilization: Inpatient Discharges per 1,000 Members per Year



# Mental Health Utilization: Inpatient Average Length of Stay in Days



# Health Plan Descriptive Information

**T**he **Health Plan Descriptive Information Domain** reports a plan's structure, staffing, and enrollment. Although these are not performance measures, this information allows consumers to make informed decisions about their health care plan by providing details of the plan's characteristics which may have an impact on access to care and quality of services members receive. For example, information on a plan's providers, such as the percent of physicians who are board certified and how their providers are compensated, can indicate the qualifications of the plan's physicians and what incentives may be in place to retain them. In addition, information on a plan's membership, such as the enrollment characteristics of a plan, by age and gender, can explain differences in performance and on the types and volume of care provided.

This section provides Health Plan Descriptive Information data on the following measures:

## Board Certification

- Primary Care Practitioners

- OB/GYN Practitioners

- Pediatric Practitioner Specialist

- All Other Practitioner Specialist

## Practitioner Compensation

- Total Enrollment by Percentage

- Enrollment by Product Line

# Board Certification

**Definition: The percentage of primary care practitioners, OB/GYN practitioners, pediatric practitioner specialists, and other practitioner specialists who are board certified**

State and National Averages	1997	1998	1999
<b>Texas Average</b>			
Primary care Practitioners .....	68.5%	73.4%	73.8%
OB/ Gyn Practitioners .....	71.9%	77.0%	75.8%
Pediatric Practitioner Specialist .	75.8%	73.3%	73.1%
Other Practitioner Specialists .....	77.5%	77.9%	78.7%
<b>Quality Compass®</b>			
Primary care Practitioners .....	78.1%	79.1%	79.5%
OB/ Gyn Practitioners .....	*	*	79.7%
Pediatric Practitioner Specialist .....	*	*	*
Other Practitioner Specialists .....	80.6%	*	81.0%

\* Value not established

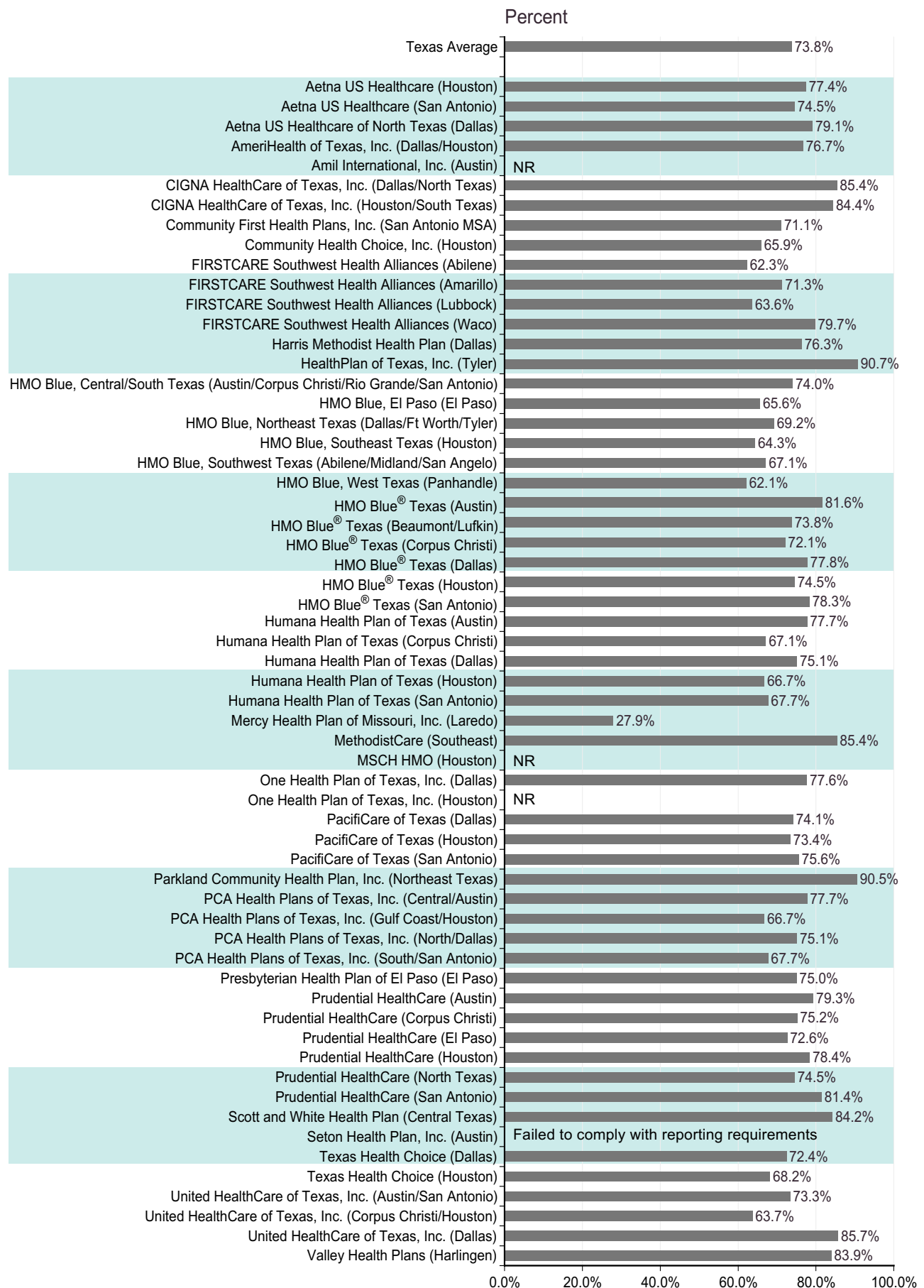
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

**B**oard certification is a measure which provides information on a health plan's structure and staffing. Although the credentials of a health plan's physicians may have an impact on the quality of care it is able to provide, this measure alone does not directly measure the quality of care delivered by each physician that is affiliated with a particular health plan.

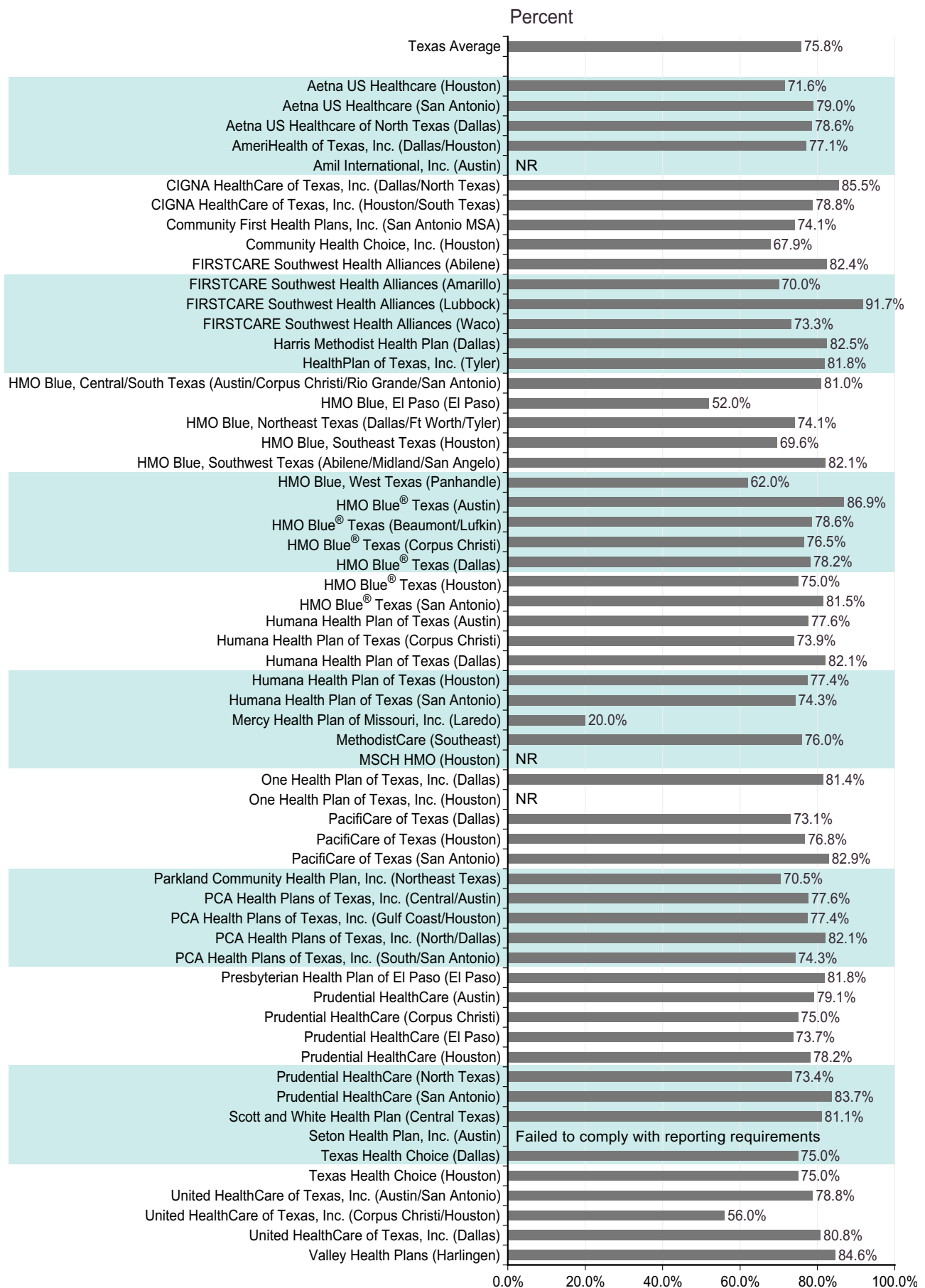
The bar charts on the next four pages show the percentage of plan physicians who have sought and obtained board certification for each specialty area of care in each HMO.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

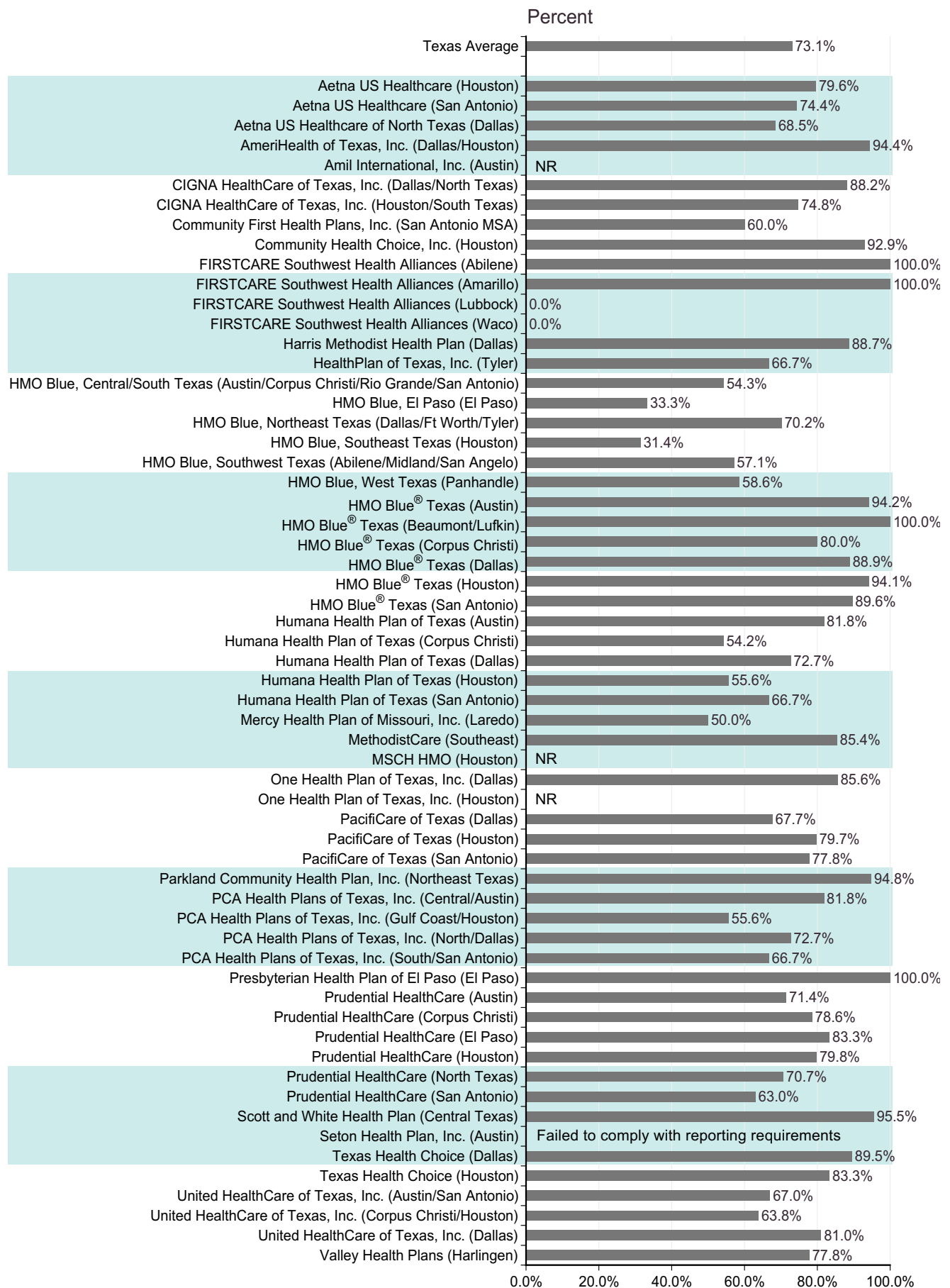
# Board Certification - Primary Care Practitioners



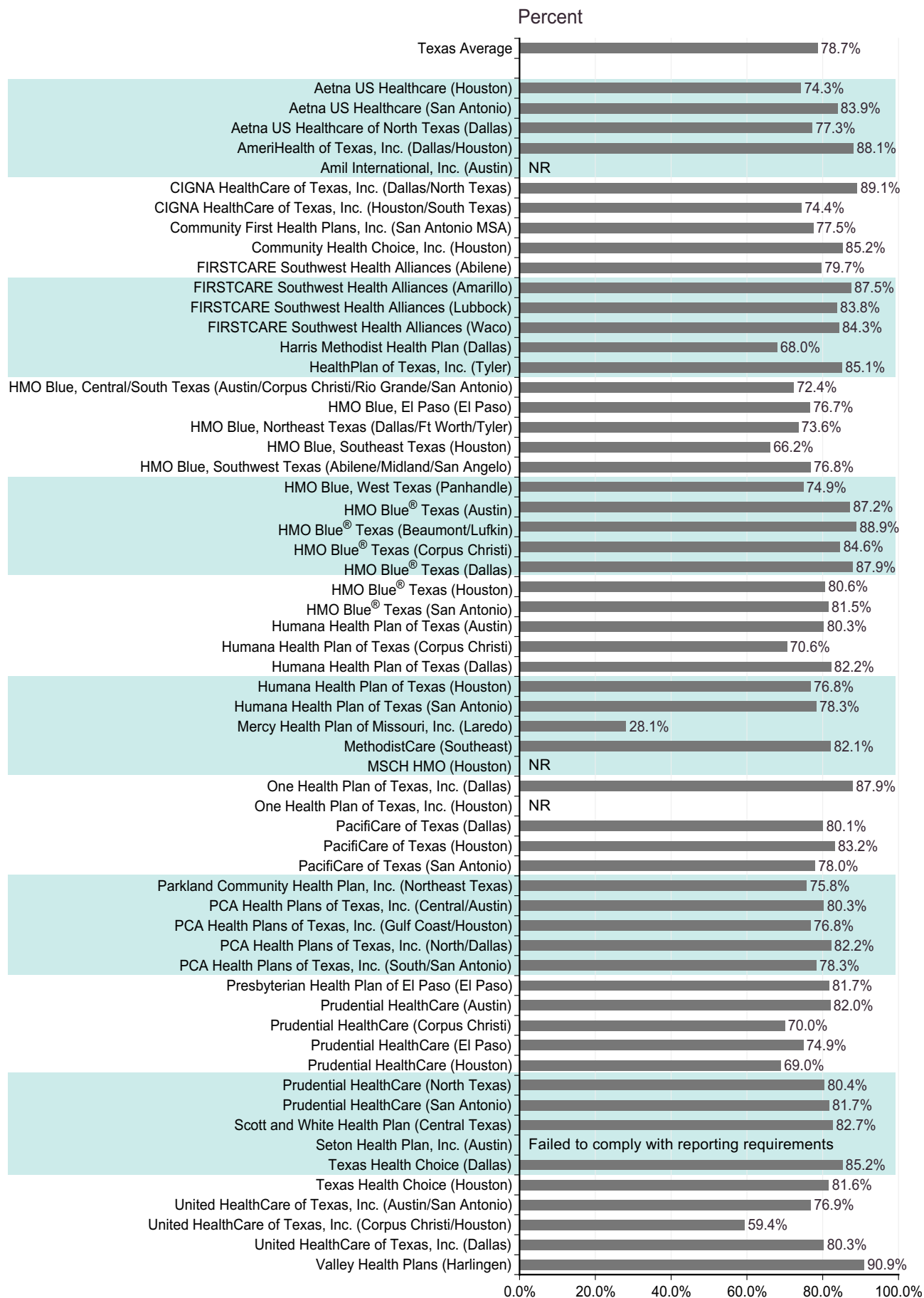
# Board Certification - OB/GYN Practitioners



# Board Certification - Pediatric Practitioner Specialists



# Board Certification - All Other Practitioner Specialists



# Practitioner Compensation\*

**H**MOs use a variety of financial arrangements to compensate providers who participate in the health plan. In recent years, consumers and providers have expressed concern that some financial compensation arrangements act as an inducement for providers to limit medically necessary services. For example, if an HMO provides bonuses or reduces payments to doctors based on the number of specialist referrals a doctor issues, then the doctor may be reluctant to make referrals that he believes are necessary if his pay from the HMO will be reduced.

To address these concerns and others, the Texas Legislature instructed the Texas Department of Insurance to adopt what is now known as “Patient Protection Rules”. Since 1996, these rules specifically prohibit Texas licensed HMOs from using any financial incentives that act as an inducement to limit medically necessary services. For example, HMOs are not allowed to financially penalize doctors because they have a high number of referrals to specialists, or because they use certain services more than other doctors. Doctors also cannot be rewarded for limiting referrals or for limiting the use of services which are costly. However, these rules do not prohibit HMOs from establishing certain practice parameters within which doctors are expected to perform. Under certain conditions, HMOs are allowed to offer bonuses or withhold part of a payment if certain economic conditions are met. Following is a brief description of the payment arrangements most often used by HMOs and providers and an explanation of the acronyms used in the chart on the following page. In the table the data reported are the percent of providers that are paid according to the arrangement described in each column.

**FFS:** Fee-for-Service

**FFS w/o withld/Bns:** Fee-for-Service without a Withhold Provision or Bonus

**FFS w/withld:** Fee-for-Service with a Withholding Provision

**FFS w Bns:** Fee for Service with a Bonus

**Cap w/o withld/Bns:** Capitation without a Withholding Provision or Bonus

**Cap w/withld:** Capitation with a Withholding Provision

**Cap w/Bns:** Capitation with a Bonus

**Other:** The percentage of providers with some other financial arrangement

**Fee for Service (FFS):** the doctor or provider is paid for each service based on a contractual payment schedule between the provider and the HMO. If a bonus provision is included (Fee-for-Service with Bonus), the bonus cannot be used as a reward or incentive for reducing patient services.

\* Narrative provided by Texas Department of Insurance

**Fee-for-Service with a Withholding Provision:** the doctor or provider is paid for each service provided, but the HMO withholds a certain amount of the doctor's pay (for example, 10 percent) until the end of the year when the money is paid only if certain cost guidelines are met.

**Capitation:** the HMO pays the Primary Care Physician (or in some cases a physician group or clinic) a set monthly payment for every HMO member who selects that doctor as his/her Primary Care Physician. The fee is paid every month, regardless of whether the member is treated by the doctor. Plans vary considerably as to what services are included in the monthly fee. Some plans include a wide range of services (such as office visits, lab tests, x-rays, immunizations, certain referrals) while others pay the doctor an additional sum for services other than office visits, thus reducing the doctors' personal liability.

**Capitation with Bonus or Withhold Provision :** the HMO has a standard capitation agreement (as described above) that includes an added bonus incentive or withhold provision. The withhold provision allows the HMO to keep a percentage of the doctor's monthly payment until the end of the year or contract period. If the doctor meets certain cost-related or performance criteria, the withhold money is then paid to the physician; in the case of a bonus provision, the physician receives a bonus payment. If the criteria are not met, the HMO keeps the money. Neither withhold provisions nor bonus incentives can be used as a reward for withholding necessary services.

In Texas, HMO members are largely protected from the negative impact of certain types of financial arrangements between HMOs and providers. However, physician compensation methods may still have some impact on patient care. The table on the following page provides information on the percentage of providers that are paid under varying financial arrangements within each HMO. Consumers may wish to consult with their own physician if they are concerned about how he or she is compensated by the HMO in which they are enrolled.

FTC - Failed to comply with reporting requirements.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

# Practitioner Compensation

percent of providers paid according to the arrangement described in each column

Plan Name	FFS w/o withld/Bns	FFS w/withld	FFS w/Bns	Total FFS	Cap w/o withld/Bns	Cap w/withld	Cap w/Bns	Total Cap	Other
Aetna US Healthcare (Houston)	94%	0%	0%	94%	6%	0%	0%	6%	0%
Aetna US Healthcare (San Antonio)	10%	0%	0%	10%	90%	0%	0%	90%	0%
Aetna US Healthcare of North Texas (Dallas)	83%	0%	0%	83%	17%	0%	0%	17%	0%
AmeriHealth of Texas, Inc. (Dallas/Houston)	54%	0%	0%	54%	46%	0%	0%	46%	0%
Amil International, Inc. (Austin)	58%	0%	0%	58%	42%	0%	0%	42%	0%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	NR	NR	NR	NR	NR	NR	NR	NR	NR
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	NR	NR	NR	NR	NR	NR	NR	NR	NR
Community First Health Plans, Inc. (San Antonio MSA)	49%	0%	0%	49%	51%	0%	0%	51%	0%
Community Health Choice, Inc. (Houston)	50%	0%	0%	50%	0%	0%	50%	50%	0%
FIRSTCARE Southwest Health Alliances (Abilene)	54%	46%	0%	100%	0%	0%	0%	0%	0%
FIRSTCARE Southwest Health Alliances (Amarillo)	100%	0%	0%	100%	0%	0%	0%	0%	0%
FIRSTCARE Southwest Health Alliances (Lubbock)	100%	0%	0%	100%	0%	0%	0%	0%	0%
FIRSTCARE Southwest Health Alliances (Waco)	100%	0%	0%	100%	0%	0%	0%	0%	0%
Harris Methodist Health Plan (Dallas)	80%	0%	0%	80%	0%	0%	20%	20%	0%
HealthPlan of Texas, Inc. (Tyler)	0%	100%	0%	100%	0%	0%	0%	0%	0%
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	81%	0%	0%	81%	15%	4%	0%	19%	0%
HMO Blue, El Paso (El Paso)	2%	0%	0%	2%	0%	49%	49%	98%	0%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	79%	0%	0%	79%	17%	3%	0%	21%	0%
HMO Blue, Southeast Texas (Houston)	17%	0%	0%	17%	48%	12%	23%	83%	0%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	0%	8%	86%	94%	0%	0%	6%	6%	0%
HMO Blue, West Texas (Panhandle)	0%	0%	100%	100%	0%	0%	0%	0%	0%
HMO Blue® Texas (Austin)	30%	0%	0%	30%	70%	0%	0%	70%	0%
HMO Blue® Texas (Beaumont/Lufkin)	54%	0%	0%	54%	46%	0%	0%	46%	0%
HMO Blue® Texas (Corpus Christi)	52%	0%	0%	52%	48%	0%	0%	48%	0%
HMO Blue® Texas (Dallas)	35%	0%	6%	41%	13%	0%	46%	59%	0%
HMO Blue® Texas (Houston)	18%	0%	0%	18%	82%	0%	0%	82%	0%
HMO Blue® Texas (San Antonio)	31%	0%	0%	31%	69%	0%	0%	69%	0%
Humana Health Plan of Texas (Austin)	58%	6%	6%	70%	30%	0%	0%	30%	0%
Humana Health Plan of Texas (Corpus Christi)	0%	0%	25%	25%	50%	0%	25%	75%	0%
Humana Health Plan of Texas (Dallas)	81%	0%	0%	81%	19%	0%	0%	19%	0%
Humana Health Plan of Texas (Houston)	0%	0%	0%	0%	89%	0%	0%	89%	11%
Humana Health Plan of Texas (San Antonio)	2%	0%	0%	2%	7%	0%	4%	11%	87%
Mercy Health Plan of Missouri, Inc. (Laredo)	100%	0%	0%	100%	0%	0%	0%	0%	0%
MethodistCare (Southeast)	56%	0%	0%	56%	44%	0%	0%	44%	0%
MSCH HMO (Houston)	79%	0%	0%	79%	21%	0%	0%	21%	0%
One Health Plan of Texas, Inc. (Dallas)	55%	0%	45%	100%	0%	0%	0%	0%	0%
One Health Plan of Texas, Inc. (Houston)	40%	0%	60%	100%	0%	0%	0%	0%	0%
PacifiCare of Texas (Dallas)	0%	0%	0%	0%	80%	0%	0%	80%	20%
PacifiCare of Texas (Houston)	8%	0%	0%	8%	92%	0%	0%	92%	0%
PacifiCare of Texas (San Antonio)	0%	0%	0%	0%	93%	7%	0%	100%	0%
Parkland Community Health Plan, Inc. (Northeast Texas)	100%	0%	0%	100%	0%	0%	0%	0%	0%
PCA Health Plans of Texas, Inc. (Central/Austin)	NR	NR	NR	NR	NR	NR	NR	NR	NR
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	11%	0%	0%	11%	89%	0%	0%	89%	0%
PCA Health Plans of Texas, Inc. (North/Dallas)	25%	0%	0%	25%	75%	0%	0%	75%	0%
PCA Health Plans of Texas, Inc. (South/San Antonio)	2%	0%	0%	2%	7%	0%	4%	11%	87%
Presbyterian Health Plan of El Paso (El Paso)	8%	0%	0%	8%	92%	0%	0%	92%	0%
Prudential HealthCare (Austin)	100%	0%	0%	100%	0%	0%	0%	0%	0%
Prudential HealthCare (Corpus Christi)	0%	0%	0%	0%	0%	0%	36%	36%	64%
Prudential HealthCare (El Paso)	13%	87%	0%	100%	0%	0%	0%	0%	0%
Prudential HealthCare (Houston)	87%	0%	0%	87%	0%	0%	13%	13%	0%
Prudential HealthCare (North Texas)	75%	0%	0%	75%	18%	7%	0%	25%	0%
Prudential HealthCare (San Antonio)	0%	0%	0%	0%	14%	0%	0%	14%	86%
Scott and White Health Plan (Central Texas)	0%	0%	0%	0%	100%	0%	0%	100%	0%
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	0%	0%	0%	0%	26%	74%	0%	100%	0%
Texas Health Choice (Houston)	50%	0%	0%	50%	50%	0%	0%	50%	0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	96%	0%	0%	96%	4%	0%	0%	4%	0%
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	100%	0%	0%	100%	0%	0%	0%	0%	0%
United HealthCare of Texas, Inc. (Dallas)	90%	0%	0%	90%	10%	0%	0%	10%	0%
Valley Health Plans (Harlingen)	79%	0%	0%	79%	21%	0%	0%	21%	0%

# Total Enrollment by Percentage

**Definition:** The percentage of plan members enrolled by payer type.

Generally speaking, there are three product lines offered by Texas HMOs: Commercial, Medicare, and Medicaid. While this report only compares HEDIS® data on commercial members, the following page shows what proportion of the HMO's total business is represented in each product line. Commercial members may be enrolled through an employer group policy or through an individual policy. Medicare members are enrolled through a contract between the Health Care Financing Administration (HCFA) and the health plan. Medicaid members are enrolled through a contract between the state Medicaid agency (Texas Department of Health) and the health plan. Comparative reports on the quality of care delivered by Medicare and Medicaid HMOs in Texas can be found at [www.medicare.gov](http://www.medicare.gov) and [www.tdh.state.tx.us/hcf/mc/annrpts/incannrpt.htm](http://www.tdh.state.tx.us/hcf/mc/annrpts/incannrpt.htm). These product line percentages provide information on which populations are insured by a specific plan. This information gives a sense of member demographics by plan. For example, Commercial members generally fall between 18-64 (plus their under-age dependents). Medicaid members are primarily women and their children. Medicare members are generally 65 and older.

The table on the next page shows the percentage of each plan's membership enrolled in their commercial, Medicaid, or Medicare product lines.

FTC - Failed to comply with reporting requirements.

NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

# Total Enrollment by Percentage

Plan Name	Total Enrollment Percent			
	Commercial	Medicaid	Medicare	Other
Aetna US Healthcare (Houston)	100%	0%	0%	0%
Aetna US Healthcare (San Antonio)	100%	0%	0%	0%
Aetna US Healthcare of North Texas (Dallas)	100%	0%	0%	0%
AmeriHealth of Texas, Inc. (Dallas/Houston)	68%	32%	0%	0%
Amil International, Inc. (Austin)	55%	0%	0%	45%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	99%	0%	1%	0%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	99%	0%	1%	0%
Community First Health Plans, Inc. (San Antonio MSA)	0%	0%	0%	0%
Community Health Choice, Inc. (Houston)	NR	NR	NR	NR
FIRSTCARE Southwest Health Alliances (Abilene)	100%	0%	0%	0%
FIRSTCARE Southwest Health Alliances (Amarillo)	100%	0%	0%	0%
FIRSTCARE Southwest Health Alliances (Lubbock)	94%	6%	0%	0%
FIRSTCARE Southwest Health Alliances (Waco)	100%	0%	0%	0%
Harris Methodist Health Plan (Dallas)	81%	4%	15%	0%
HealthPlan of Texas, Inc. (Tyler)	100%	0%	0%	0%
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	68%	32%	0%	0%
HMO Blue, El Paso (El Paso)	100%	0%	0%	0%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	90%	10%	0%	0%
HMO Blue, Southeast Texas (Houston)	74%	26%	0%	0%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	100%	0%	0%	0%
HMO Blue, West Texas (Panhandle)	91%	9%	0%	0%
HMO Blue® Texas (Austin)	100%	0%	0%	0%
HMO Blue® Texas (Beaumont/Lufkin)	100%	0%	0%	0%
HMO Blue® Texas (Corpus Christi)	100%	0%	0%	0%
HMO Blue® Texas (Dallas)	100%	0%	0%	0%
HMO Blue® Texas (Houston)	100%	0%	0%	0%
HMO Blue® Texas (San Antonio)	100%	0%	0%	0%
Humana Health Plan of Texas (Austin)	93%	0%	6%	0%
Humana Health Plan of Texas (Corpus Christi)	51%	0%	49%	0%
Humana Health Plan of Texas (Dallas)	63%	0%	37%	0%
Humana Health Plan of Texas (Houston)	46%	0%	54%	0%
Humana Health Plan of Texas (San Antonio)	70%	0%	30%	0%
Mercy Health Plan of Missouri, Inc. (Laredo)	86%	9%	5%	0%
MethodistCare (Southeast)	73%	24%	3%	0%
MSCH HMO (Houston)	45%	36%	18%	0%
One Health Plan of Texas, Inc. (Dallas)	100%	0%	0%	0%
One Health Plan of Texas, Inc. (Houston)	100%	0%	0%	0%
PacifiCare of Texas (Dallas)	67%	0%	33%	0%
PacifiCare of Texas (Houston)	66%	0%	34%	0%
PacifiCare of Texas (San Antonio)	67%	0%	33%	0%
Parkland Community Health Plan, Inc. (Northeast Texas)	100%	0%	0%	0%
PCA Health Plans of Texas, Inc. (Central/Austin)	62%	38%	0%	0%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	100%	0%	0%	0%
PCA Health Plans of Texas, Inc. (North/Dallas)	83%	17%	0%	0%
PCA Health Plans of Texas, Inc. (South/San Antonio)	18%	82%	0%	0%
Presbyterian Health Plan of El Paso (El Paso)	65%	0%	34%	1%
Prudential HealthCare (Austin)	100%	0%	0%	0%
Prudential HealthCare (Corpus Christi)	100%	0%	0%	0%
Prudential HealthCare (El Paso)	100%	0%	0%	0%
Prudential HealthCare (Houston)	96%	0%	4%	0%
Prudential HealthCare (North Texas)	100%	0%	0%	0%
Prudential HealthCare (San Antonio)	97%	0%	3%	0%
Scott and White Health Plan (Central Texas)	87%	0%	13%	0%
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	96%	0%	4%	0%
Texas Health Choice (Houston)	80%	0%	20%	0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	100%	0%	0%	0%
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	100%	0%	0%	0%
United HealthCare of Texas, Inc. (Dallas)	100%	0%	0%	0%
Valley Health Plans (Harlingen)	100%	0%	0%	0%

# Enrollment by Product Line: Commercial

**Definition:** The percentage of total members stratified by gender and age for the commercial product line.

Membership data by gender and age can be used by purchasers and consumers to learn the enrollment characteristics of the health plan. The gender and age breakdowns can help explain differences in the type of care provided and the total volume of services provided.

The following tables show the percentage of females and males in the plan by the following categories:

Males Age 0 - 19  
Males Age 20 - 44  
Males Age 45 - 64  
Males Age 65 +  
Males Total

Females Age 0 - 19  
Females Age 20 - 24  
Females Age 45 - 64  
Females Age 65 +  
Females Total

FTC - Failed to comply with reporting requirements.

# Enrollment by Product Line: Commercial - Males

percent of total plan enrollment by specific age categories

Plan Name	Age group 0-19	Age group 20-44	Age group 45-64	Age group 65+	Total Male
Aetna US Healthcare (Houston)	17.2%	20.9%	10.3%	0.4%	48.8%
Aetna US Healthcare (San Antonio)	15.5%	22.7%	10.3%	0.4%	48.9%
Aetna US Healthcare of North Texas (Dallas)	16.1%	20.9%	10.6%	0.7%	48.4%
AmeriHealth of Texas, Inc. (Dallas/Houston)	16.5%	25.7%	10.4%	0.3%	52.9%
Amil International, Inc. (Austin)	15.0%	21.5%	9.7%	0.8%	46.9%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	18.0%	22.0%	8.8%	0.5%	49.3%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	18.0%	20.7%	11.8%	0.3%	50.8%
Community First Health Plans, Inc. (San Antonio MSA)	19.6%	20.7%	6.7%	0.2%	47.2%
Community Health Choice, Inc. (Houston)	18.7%	10.4%	7.5%	0.9%	37.5%
FIRSTCARE Southwest Health Alliances (Abilene)	18.1%	16.6%	11.3%	0.8%	46.8%
FIRSTCARE Southwest Health Alliances (Amarillo)	17.8%	16.4%	12.1%	1.2%	47.5%
FIRSTCARE Southwest Health Alliances (Lubbock)	17.7%	16.5%	10.3%	0.7%	45.2%
FIRSTCARE Southwest Health Alliances (Waco)	16.2%	15.6%	12.1%	0.9%	44.9%
Harris Methodist Health Plan (Dallas)	16.6%	18.6%	12.3%	0.8%	48.4%
HealthPlan of Texas, Inc. (Tyler)	17.9%	17.2%	14.5%	0.5%	50.0%
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	15.7%	19.0%	10.8%	1.1%	46.6%
HMO Blue, El Paso (El Paso)	19.8%	18.5%	7.4%	0.3%	45.9%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	17.1%	21.8%	9.3%	0.7%	48.9%
HMO Blue, Southeast Texas (Houston)	16.9%	19.2%	9.3%	0.4%	45.9%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	18.3%	18.1%	9.9%	0.8%	47.1%
HMO Blue, West Texas (Panhandle)	17.7%	18.5%	9.5%	0.5%	46.2%
HMO Blue® Texas (Austin)	16.5%	19.2%	9.4%	0.6%	45.8%
HMO Blue® Texas (Beaumont/Lufkin)	18.2%	19.0%	11.3%	1.1%	49.5%
HMO Blue® Texas (Corpus Christi)	18.4%	17.5%	10.2%	0.8%	46.9%
HMO Blue® Texas (Dallas)	16.8%	18.2%	11.2%	0.8%	46.9%
HMO Blue® Texas (Houston)	17.6%	17.2%	10.5%	1.1%	46.4%
HMO Blue® Texas (San Antonio)	16.1%	19.7%	10.5%	1.0%	47.3%
Humana Health Plan of Texas (Austin)	17.0%	17.1%	11.5%	1.5%	47.1%
Humana Health Plan of Texas (Corpus Christi)	17.6%	13.3%	16.5%	2.4%	49.8%
Humana Health Plan of Texas (Dallas)	17.2%	21.1%	10.0%	0.6%	49.0%
Humana Health Plan of Texas (Houston)	19.2%	21.5%	7.9%	0.4%	49.0%
Humana Health Plan of Texas (San Antonio)	16.3%	15.1%	13.3%	2.5%	47.2%
Mercy Health Plan of Missouri, Inc. (Laredo)	22.0%	18.0%	6.8%	0.2%	47.0%
MethodistCare (Southeast)	17.0%	18.3%	8.6%	0.3%	44.2%
MSCH HMO (Houston)	18.5%	18.0%	8.6%	0.6%	45.6%
One Health Plan of Texas, Inc. (Dallas)	15.9%	29.7%	8.6%	0.3%	54.5%
One Health Plan of Texas, Inc. (Houston)	15.0%	29.2%	10.1%	0.3%	54.6%
PacifiCare of Texas (Dallas)	16.9%	21.9%	9.7%	0.4%	48.9%
PacifiCare of Texas (Houston)	18.0%	21.3%	10.4%	0.3%	50.0%
PacifiCare of Texas (San Antonio)	17.3%	17.2%	10.6%	0.8%	45.9%
Parkland Community Health Plan, Inc. (Northeast Texas)	18.2%	14.5%	7.8%	0.3%	40.9%
PCA Health Plans of Texas, Inc. (Central/Austin)	17.1%	18.4%	11.0%	0.6%	47.1%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	14.7%	20.1%	12.6%	0.5%	47.9%
PCA Health Plans of Texas, Inc. (North/Dallas)	13.5%	18.7%	15.5%	0.7%	48.5%
PCA Health Plans of Texas, Inc. (South/San Antonio)	17.0%	18.0%	11.0%	0.5%	46.5%
Presbyterian Health Plan of El Paso (El Paso)	19.8%	20.9%	7.1%	0.3%	48.1%
Prudential HealthCare (Austin)	15.3%	21.9%	11.2%	1.4%	49.9%
Prudential HealthCare (Corpus Christi)	17.7%	18.9%	11.3%	1.1%	49.1%
Prudential HealthCare (El Paso)	17.9%	20.2%	9.9%	0.7%	48.7%
Prudential HealthCare (Houston)	16.7%	19.2%	11.8%	1.0%	48.6%
Prudential HealthCare (North Texas)	15.9%	19.9%	11.1%	1.0%	47.8%
Prudential HealthCare (San Antonio)	16.7%	19.3%	10.3%	1.1%	47.3%
Scott and White Health Plan (Central Texas)	16.9%	18.3%	11.2%	1.8%	48.1%
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	16.7%	18.6%	11.9%	0.8%	48.0%
Texas Health Choice (Houston)	13.7%	21.0%	14.0%	0.7%	49.4%
United HealthCare of Texas, Inc. (Austin/San Antonio)	16.7%	26.8%	7.5%	0.2%	51.2%
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	16.9%	20.9%	10.7%	0.4%	48.8%
United HealthCare of Texas, Inc. (Dallas)	16.5%	24.0%	9.6%	0.3%	50.4%
Valley Health Plans (Harlingen)	19.5%	18.7%	7.4%	0.4%	46.0%

# Enrollment by Product Line: Commercial - Females

percent of total plan enrollment by specific age categories

Plan Name	Age group 0-19	Age group 20-44	Age group 45-64	Age group 65+	Total Female
Aetna US Healthcare (Houston)	16.4%	24.0%	10.4%	0.3%	51.2%
Aetna US Healthcare (San Antonio)	16.4%	24.6%	9.9%	0.3%	51.1%
Aetna US Healthcare of North Texas (Dallas)	15.7%	23.7%	11.6%	0.6%	51.6%
AmeriHealth of Texas, Inc. (Dallas/Houston)	16.0%	21.9%	9.0%	0.2%	47.1%
Amil International, Inc. (Austin)	14.1%	27.4%	11.2%	0.5%	53.1%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	17.4%	24.1%	8.8%	0.4%	50.7%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	17.3%	21.4%	10.3%	0.2%	49.2%
Community First Health Plans, Inc. (San Antonio MSA)	18.0%	25.2%	9.3%	0.3%	52.8%
Community Health Choice, Inc. (Houston)	16.7%	23.7%	17.5%	4.7%	62.5%
FIRSTCARE Southwest Health Alliances (Abilene)	16.8%	22.1%	13.6%	0.7%	53.2%
FIRSTCARE Southwest Health Alliances (Amarillo)	16.8%	20.9%	13.8%	1.0%	52.5%
FIRSTCARE Southwest Health Alliances (Lubbock)	17.2%	23.7%	13.2%	0.7%	54.8%
FIRSTCARE Southwest Health Alliances (Waco)	15.7%	23.8%	14.8%	0.9%	55.1%
Harris Methodist Health Plan (Dallas)	15.9%	21.6%	13.4%	0.7%	51.6%
HealthPlan of Texas, Inc. (Tyler)	17.6%	17.9%	14.2%	0.3%	50.0%
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	15.1%	24.8%	12.5%	0.9%	53.4%
HMO Blue, El Paso (El Paso)	19.2%	24.8%	9.7%	0.3%	54.1%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	16.3%	24.3%	9.9%	0.5%	51.1%
HMO Blue, Southeast Texas (Houston)	16.5%	24.9%	12.2%	0.5%	54.1%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	17.8%	23.4%	11.2%	0.5%	52.9%
HMO Blue, West Texas (Panhandle)	17.4%	24.4%	11.6%	0.4%	53.8%
HMO Blue® Texas (Austin)	15.2%	26.3%	12.2%	0.5%	54.2%
HMO Blue® Texas (Beaumont/Lufkin)	16.7%	20.9%	12.0%	0.8%	50.5%
HMO Blue® Texas (Corpus Christi)	16.8%	23.2%	12.3%	0.8%	53.1%
HMO Blue® Texas (Dallas)	16.1%	23.0%	13.2%	0.7%	53.1%
HMO Blue® Texas (Houston)	17.0%	22.9%	12.6%	1.1%	53.6%
HMO Blue® Texas (San Antonio)	15.8%	24.6%	11.3%	1.0%	52.7%
Humana Health Plan of Texas (Austin)	16.4%	22.3%	12.6%	1.6%	52.9%
Humana Health Plan of Texas (Corpus Christi)	16.3%	17.2%	14.5%	2.2%	50.2%
Humana Health Plan of Texas (Dallas)	16.8%	23.6%	10.1%	0.4%	51.0%
Humana Health Plan of Texas (Houston)	17.7%	24.8%	8.1%	0.4%	51.0%
Humana Health Plan of Texas (San Antonio)	15.6%	20.0%	15.0%	2.3%	52.8%
Mercy Health Plan of Missouri, Inc. (Laredo)	20.9%	24.2%	7.8%	0.2%	53.0%
MethodistCare (Southeast)	16.3%	27.5%	11.7%	0.2%	55.8%
MSCH HMO (Houston)	17.8%	24.9%	11.4%	0.4%	54.4%
One Health Plan of Texas, Inc. (Dallas)	14.8%	23.6%	6.9%	0.2%	45.5%
One Health Plan of Texas, Inc. (Houston)	14.6%	23.5%	7.1%	0.1%	45.4%
PacifiCare of Texas (Dallas)	16.1%	24.1%	10.4%	0.5%	51.1%
PacifiCare of Texas (Houston)	17.4%	22.5%	9.9%	0.2%	50.0%
PacifiCare of Texas (San Antonio)	16.6%	23.7%	13.1%	0.7%	54.1%
Parkland Community Health Plan, Inc. (Northeast Texas)	18.4%	26.5%	13.9%	0.4%	59.1%
PCA Health Plans of Texas, Inc. (Central/Austin)	15.8%	23.5%	13.1%	0.5%	52.9%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	13.9%	23.5%	14.2%	0.4%	52.1%
PCA Health Plans of Texas, Inc. (North/Dallas)	13.0%	21.5%	16.4%	0.6%	51.5%
PCA Health Plans of Texas, Inc. (South/San Antonio)	14.4%	24.9%	13.7%	0.4%	53.5%
Presbyterian Health Plan of El Paso (El Paso)	18.2%	24.7%	8.7%	0.3%	51.9%
Prudential HealthCare (Austin)	14.7%	23.1%	10.9%	1.4%	50.1%
Prudential HealthCare (Corpus Christi)	16.5%	21.4%	11.8%	1.2%	50.9%
Prudential HealthCare (El Paso)	17.5%	23.3%	9.8%	0.7%	51.3%
Prudential HealthCare (Houston)	16.0%	22.1%	12.4%	0.9%	51.4%
Prudential HealthCare (North Texas)	16.5%	22.9%	11.8%	1.0%	52.2%
Prudential HealthCare (San Antonio)	15.7%	23.8%	12.1%	1.1%	52.7%
Scott and White Health Plan (Central Texas)	16.2%	21.3%	12.5%	1.8%	51.9%
Seton Health Plan, Inc. (Austin)	FTC	FTC	FTC	FTC	FTC
Texas Health Choice (Dallas)	15.9%	22.2%	13.2%	0.7%	52.0%
Texas Health Choice (Houston)	13.4%	22.4%	14.3%	0.5%	50.6%
United HealthCare of Texas, Inc. (Austin/San Antonio)	16.1%	25.5%	7.1%	0.1%	48.8%
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	16.4%	23.2%	11.3%	0.3%	51.2%
United HealthCare of Texas, Inc. (Dallas)	15.7%	23.8%	9.8%	0.2%	49.6%
Valley Health Plans (Harlingen)	18.3%	26.2%	9.1%	0.4%	54.0%

# TECHNICAL APPENDIX

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## Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS® 2000 gives plans a choice to use either an administrative records or a hybrid method to calculate many of the performance measures reported by *Straight Talk*, particularly in the effectiveness of care (except for advising smokers to quit) and use of services domains. The administrative records approach is a two step process in which 1) all records in a health plan's administrative database are queried to determine the denominator population and then 2) the selected records are reviewed for inclusion in the numerator. The hybrid method, on the other hand, is sample driven and requires random selection of enrollees to form the denominator followed by examination of administrative and medical records for evidence of a numerator event.

A third data gathering and analysis method, survey research, is used for the Satisfaction with the Experience of Care domain and for the advising smokers to quit measure presented in the Effectiveness of Care domain. The standardized survey instrument employed for HEDIS® 2000 is the Consumer Assessment of Health Plans Study, Version 2.0 (CAHPS® 2.0H). This survey is administered through the mail with a telephone follow-up to members not responding by mail. It asks consumers to score various aspects of their experience with their health plan. Health plans are required to contract with independent survey vendors certified by NCQA to administer the survey.

HEDIS® 2000 requires continuous enrollment of members counted for rate denominators. Continuous enrollment criteria are measure specific, but typically this condition is satisfied when an individual is an active plan member for the duration of time under review; usually one year. One break in enrollment of up to 45 days per year is usually allowed to account for a change in employment.

HEDIS® measures reported in *Straight Talk* meet rigorous standards for public release. Texas Health Care Information Council required review of all health plan data submissions by an NCQA licensed auditor (see page 148 for plan auditors). Data not certified through this process are denoted in *Straight Talk* with an "NR" (Not Reportable). Other data may meet NCQA audit standards but are suppressed due to statistical considerations. These situations, which include rates calculated from less than 30 denominator observations, are designated as "NA" (Not Applicable). All data underwent a final review by Texas Department of Health and Texas Health Care Information Council before publication. Data which were found to have errors confirmed by the plans upon this final review are designated with an "NP" (Not Published).

Measures from Effectiveness of Care, Health Plan Stability, Health Plan Descriptive, and Use of Services domains were tested using a 95% confidence interval to determine if they differ significantly from the average of all HMOs in the State. NCQA suggests the following formula for statistical significance testing on HEDIS® measures:

$$(\text{Planrate} - \text{*Stateavg}) \pm 1.96 \sqrt{(\text{SE plan})^2 + (\text{SE *Stateavg})^2}$$

Where:

Planrate = rate reported for the plan

\*Stateavg = unweighted mean for all plans in Texas minus the comparison plan

SE plan = standard error for the plan

SE \*Stateavg = standard error for the average for all plans in Texas

The equation for a plan standard error (SE plan) is as follows:

$$\sqrt{\frac{p(1-p)}{m-1}}$$

Where:

m = number of members in the sample

p = plan rate

The standard error for all plans in Texas (minus the comparison plan) is calculated like this:

$$\sqrt{\frac{1}{n^2} \sum_{i=1}^n \frac{1}{m_i-1} p_i(1-p_i)}$$

Where:

n = number of plans with valid rates minus 1

i = a plan

m = number of members in the sample

p = plan rate

Rates are considered statistically significant if the interval produced by the above test does not include zero. The *Straight Talk* summary section (found on pages 1-5) reports measures with a diamond (♦) when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the performance of the measure is reported as either better (△) or worse (▼) than the state average. Please keep in mind that higher rate does not always mean better plan performance. There are two measures in this report where a lower rate indicates better plan performance, Comprehensive Diabetes Care: Poor HbA1c Control and Practitioner Turnover. The symbols in the summary table section for these two measures reflect the performance of the plan as better or worse than the state average and not the rate is higher or lower than the state average. Results of HEDIS® statistical significance testing should be interpreted carefully as should any conclusions drawn from direct comparisons of plans. Statistical tests account only for random or chance variations in measurement. HEDIS® does not control for underlying differences in plan population characteristics such as age or health status. For some HEDIS® measures this lack of risk adjustment could lead readers to erroneously accept the proposition that apparent superior or inferior performance is due to quality of care when in fact it derives from a positive or negative case mix in member enrollment.

State averages for specific measures were calculated as the arithmetic mean of individual health plan rates when denominators were greater than or equal to 30 observations. Regional averages were calculated in a similar manner for the THCIC HMO consumer guides.

*Straight Talk* reports benchmarks from NCQA's National Summary Statistics and the U.S. Public Health Service's *Healthy People 2000* where appropriate. NCQA's National Averages are based on HEDIS® data voluntarily reported to NCQA by nearly 360 health plans throughout the country.

NCQA intends its HEDIS® database to serve primarily as a decision and management support tool for benefits managers, consultants, policy makers, and health plans. *Healthy People 2000* is a set of national objectives for the improved health of Americans set by the United States Public Health Service. *Healthy People 2000* standards are reported in *Straight Talk* because they are widely accepted as goals for public and private health care organizations. However, readers should bear in mind that 1) HEDIS® indicates current health plan performance; *Healthy People 2000* represent expected future performance, 2) HEDIS® measures are for an insured population; *Healthy People 2000* are for the entire population and 3) precise definitions and methods used in HEDIS® and *Healthy People 2000* vary for some measures.

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health Care Access and Cost Commission (HCACC).

# Texas Health Care Information Council

## Subset of HEDIS® Commercial 2000

### Measures for 1999 Membership

#### *Effectiveness of Care Domain*

- Childhood Immunization Status
- Adolescent Immunization Status (NOTE: MMR only)
- Breast Cancer Screening (Rotated)
- Chlamydia Screening in Women (Optional, not published)
- Cervical Cancer Screening (Rotated)
- Prenatal Care in the First Trimester (Rotated)
- Check-Ups after Delivery (Rotated)
- Cholesterol Management after Acute Cardiovascular Events
- Controlling High Blood Pressure (Optional, not published)
- Comprehensive Diabetes Care
- Follow-Up after Hospitalization for Mental Illness
- Antidepressant Management

#### *Satisfaction with the Experience of Care Domain*

- CAHPS® 2.0H

#### *Health Plan Stability Domain*

- Practitioner Turnover
- \*Indicators of Financial Stability

#### *Use of Services Domain*

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- Inpatient Utilization – General Hospital/ Acute Care
- Ambulatory Care
- Cesarean Section Rate
- Vaginal Birth After Cesarean Rate (VBAC rate)
- Births and Average Length of Stay, Newborns
- Mental Health Utilization – Inpatient Discharges and Average Length of Stay

#### *Informed Health Care Choices*

- Management of Menopause (Optional, not published)

#### *Health Plan Descriptive Information*

- Board Certification/Residency Completion (Residency Completion not published)
- Practitioner Compensation
- Total Enrollment by Payer
- Enrollment by Product Line

The measures that will be collected for Texas' HEDIS® 2001 can be found on THCIC's website at [www.thcic.state.tx.us](http://www.thcic.state.tx.us).

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\*Data obtained from TDI

# Members Enrolled, Product Reported and NCQA Accreditation Status

## **Members Enrolled:**

The table on the next page shows two columns of commercial HMO enrollment figures as reported by Texas HMOs to the Texas Department of Insurance. The first column is the number used by THCIC to determine an HMO's reporting eligibility for Texas HEDIS® 2000. The second column is the size of that HMO's enrollment at the end of the Texas HEDIS® 2000 reporting year (1999). The latter figure represents the size of the member population that the data included in this report represents.

## **Product Reported:**

Point of service (POS) product is defined as an HMO with an opt-out option. In these types of HMOs, members may choose to receive services either within the HMO's health care systems (i.e., an in-network practitioner) or outside the HMO's health care delivery system (i.e. an out-of-service network practitioner). The level of benefits and/or reimbursement is generally determined by which type the member uses (within or outside of the HMO's provider network). The table on the next page provides a reference as to whether the HMO chose to include its POS enrollment in with its HMO enrollment for reporting Texas HEDIS® 2000. Texas Department of Insurance reports that a total of 10,115 HMO members had a POS rider in 1999.

## **NCQA Accreditation Status:**

Another way to compare quality is to use information about accreditation. Accreditation is a "seal of approval." To earn accreditation, organizations must meet national standards, often including clinical performance measures. Organizations choose whether to participate in accreditation programs<sup>1</sup>, in part because of the expense involved. The chart on the next page includes information on those Texas HMOs who have chosen to seek accreditation from NCQA, including the level of accreditation they had obtained as of January 3, 2001. NCQA has eight levels of accreditation. In the accompanying chart, Texas HMOs have attained one of three levels: Excellent, Commendable, and Accredited. For additional information on NCQA's accreditation program, check NCQA's web site at [www.ncqa.org/Pages/Programs/Accreditation](http://www.ncqa.org/Pages/Programs/Accreditation).

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<sup>1</sup> Choosing a Health Plan. Your Guide to Choosing Quality Health Care. AHCPR Pub. No. 99-0012, December 1998. Agency for Health Care Policy and Research, Rockville, MD.

# Members Enrolled, Product Reported, and NCQA Accreditation Status

Plan Name	Commercial HMO Members Enrolled as of:		Product Reported	NCQA Accreditation Status
	12/31/98	12/31/99		
Aetna US Healthcare (Houston)	117,278	169,254	HMO/POS	EXC
Aetna US Healthcare (San Antonio)	4,520	12,511	HMO/POS	
Aetna US Healthcare of North Texas (Dallas)	114,128	137,761	HMO/POS	EXC
AmeriHealth of Texas, Inc. (Dallas/Houston)	22,168	33,134	HMO	
Amil International, Inc. (Austin)	6,410	12,485	HMO	
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	46,135	52,547	HMO/POS	COM
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	39,083	35,370	HMO/POS	
Community First Health Plans, Inc. (San Antonio MSA)	10,218	12,597	HMO	
Community Health Choice, Inc. (Houston)	11,685	11,976	HMO	
FIRSTCARE Southwest Health Alliances (Abilene)	17,075	15,018	HMO	
FIRSTCARE Southwest Health Alliances (Amarillo)	38,943	30,319	HMO	
FIRSTCARE Southwest Health Alliances (Lubbock)	26,051	23,240	HMO	
FIRSTCARE Southwest Health Alliances (Waco)	16,607	21,121	HMO	
Harris Methodist Health Plan (Dallas)	255,616	246,230	HMO	COM
HealthPlan of Texas, Inc. (Tyler)	7,520	8,421	HMO/POS	
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	20,747	19,281	HMO	
HMO Blue, El Paso (El Paso)	22,501	15,188	HMO	
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	30,560	35,030	HMO	
HMO Blue, Southeast Texas (Houston)	25,793	22,351	HMO	
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	19,772	20,671	HMO	
HMO Blue, West Texas (Panhandle)	19,572	15,482	HMO	
HMO Blue® Texas (Austin)	33,855	41,802	HMO/POS	ACC
HMO Blue® Texas (Beaumont/Lufkin)	17,318	14,222	HMO/POS	ACC
HMO Blue® Texas (Corpus Christi)	12,448	14,617	HMO/POS	ACC
HMO Blue® Texas (Dallas)	167,680	205,204	HMO/POS	COM
HMO Blue® Texas (Houston)	287,657	264,976	HMO/POS	ACC
HMO Blue® Texas (San Antonio)	6,103	4,466	HMO/POS	ACC
Humana Health Plan of Texas (Austin)	52,955	95,321	HMO	
Humana Health Plan of Texas (Corpus Christi)	11,922	11,323	HMO	
Humana Health Plan of Texas (Dallas)	8,516	20,344	HMO	
Humana Health Plan of Texas (Houston)	16,449	20,366	HMO	
Humana Health Plan of Texas (San Antonio)	53,944	58,990	HMO	
Mercy Health Plan of Missouri, Inc. (Laredo)	6,530	7,698	HMO	
MethodistCare (Southeast)	20,041	44,854	HMO	
MSCH HMO (Houston)	33,055	43,319	HMO/POS	
One Health Plan of Texas, Inc. (Dallas)	9,325	13,492	HMO	
One Health Plan of Texas, Inc. (Houston)	14,194	16,410	HMO	
PacifiCare of Texas (Dallas)	44,050	30,411	HMO	COM
PacifiCare of Texas (Houston)	35,776	24,328	HMO	COM
PacifiCare of Texas (San Antonio)	47,291	57,917	HMO	COM
Parkland Community Health Plan, Inc. (Northeast Texas)	8,836	9,420	HMO	
PCA Health Plans of Texas, Inc. (Central/Austin)	107,786	28,919	HMO	
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	18,705	5,887	HMO	
PCA Health Plans of Texas, Inc. (North/Dallas)	34,490	13,912	HMO	
PCA Health Plans of Texas, Inc. (South/San Antonio)	9,613	1,702	HMO	
Presbyterian Health Plan of El Paso (El Paso)	8,712	8,288	HMO	
Prudential HealthCare (Austin)	44,650	42,902	HMO/POS	COM
Prudential HealthCare (Corpus Christi)	9,827	12,035	HMO/POS	
Prudential HealthCare (El Paso)	15,710	16,544	HMO/POS	EXC
Prudential HealthCare (Houston)	172,817	160,590	HMO/POS	COM
Prudential HealthCare (North Texas)	171,084	201,091	HMO/POS	COM
Prudential HealthCare (San Antonio)	80,992	81,210	HMO/POS	COM
Scott and White Health Plan (Central Texas)	122,603	130,844	HMO	EXC
Seton Health Plan, Inc. (Austin)	9,303	7,725	*	
Texas Health Choice (Dallas)	108,040	86,491	HMO/POS	
Texas Health Choice (Houston)	18,691	27,893	HMO/POS	
United HealthCare of Texas, Inc. (Austin/San Antonio)	74,599	72,619	HMO/POS	COM
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	117,994	109,577	HMO/POS	ACC
United HealthCare of Texas, Inc. (Dallas)	102,809	117,570	HMO/POS	COM
Valley Health Plans (Harlingen)	5,119	7,264	HMO	

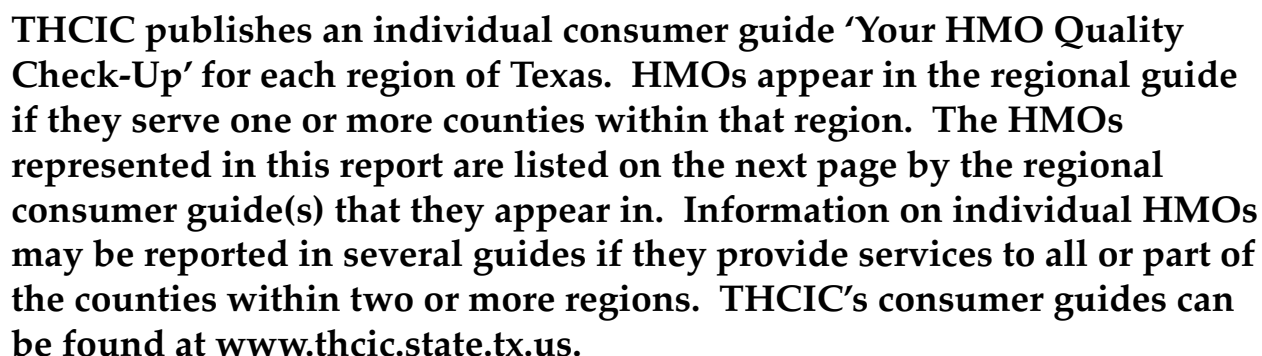
\* Failed to comply with reporting requirements

# Health Plan Auditors

Plan Name	Auditor
Aetna US Healthcare (Houston)	The MEDSTAT Group
Aetna US Healthcare (San Antonio)	The MEDSTAT Group
Aetna US Healthcare of North Texas (Dallas)	The MEDSTAT Group
AmeriHealth of Texas, Inc. (Dallas/Houston)	KPMG Peat Marwick, LLP
Amil International, Inc. (Austin)	Healthcare Research Associates, Inc.
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	IPRO
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	IPRO
Community First Health Plans, Inc. (San Antonio MSA)	Healthcare Research Associates, Inc.
Community Health Choice, Inc. (Houston)	Healthcare Research Associates, Inc.
FIRSTCARE Southwest Health Alliances (Abilene)	PricewaterhouseCoopers, LLP
FIRSTCARE Southwest Health Alliances (Amarillo)	PricewaterhouseCoopers, LLP
FIRSTCARE Southwest Health Alliances (Lubbock)	PricewaterhouseCoopers, LLP
FIRSTCARE Southwest Health Alliances (Waco)	PricewaterhouseCoopers, LLP
Harris Methodist Health Plan (Dallas)	Healthcare Research Associates, Inc.
HealthPlan of Texas, Inc. (Tyler)	Healthcare Research Associates, Inc.
HMO Blue, Central/South Texas (Aus./Corpus/Rio Grande/S.A.)	Ernst & Young, LLP
HMO Blue, El Paso (El Paso)	Ernst & Young, LLP
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	Ernst & Young, LLP
HMO Blue, Southeast Texas (Houston)	Ernst & Young, LLP
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	Ernst & Young, LLP
HMO Blue, West Texas (Panhandle)	Ernst & Young, LLP
HMO Blue® Texas (Austin)	Ernst & Young, LLP
HMO Blue® Texas (Beaumont/Lufkin)	Ernst & Young, LLP
HMO Blue® Texas (Corpus Christi)	Ernst & Young, LLP
HMO Blue® Texas (Dallas)	Ernst & Young, LLP
HMO Blue® Texas (Houston)	Ernst & Young, LLP
HMO Blue® Texas (San Antonio)	Ernst & Young, LLP
Humana Health Plan of Texas (Austin)	PricewaterhouseCoopers, LLP
Humana Health Plan of Texas (Corpus Christi)	PricewaterhouseCoopers, LLP
Humana Health Plan of Texas (Dallas)	PricewaterhouseCoopers, LLP
Humana Health Plan of Texas (Houston)	PricewaterhouseCoopers, LLP
Humana Health Plan of Texas (San Antonio)	PricewaterhouseCoopers, LLP
Mercy Health Plan of Missouri, Inc. (Laredo)	KPMG LLP
MethodistCare (Southeast)	Healthcare Research Associates, Inc.
MSCH HMO (Houston)	Healthcare Research Associates, Inc.
One Health Plan of Texas, Inc. (Dallas)	Ernst & Young, LLP
One Health Plan of Texas, Inc. (Houston)	Ernst & Young, LLP
PacifiCare of Texas (Dallas)	Ernst & Young, LLP
PacifiCare of Texas (Houston)	Ernst & Young, LLP
PacifiCare of Texas (San Antonio)	Ernst & Young, LLP
Parkland Community Health Plan, Inc. (Northeast Texas)	Healthcare Research Associates, Inc.
PCA Health Plans of Texas, Inc. (Central/Austin)	PricewaterhouseCoopers, LLP
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	PricewaterhouseCoopers, LLP
PCA Health Plans of Texas, Inc. (North/Dallas)	PricewaterhouseCoopers, LLP
PCA Health Plans of Texas, Inc. (South/San Antonio)	PricewaterhouseCoopers, LLP
Presbyterian Health Plan of El Paso (El Paso)	Healthcare Research Associates, Inc.
Prudential HealthCare (Austin)	The MEDSTAT Group
Prudential HealthCare (Corpus Christi)	The MEDSTAT Group
Prudential HealthCare (El Paso)	The MEDSTAT Group
Prudential HealthCare (Houston)	The MEDSTAT Group
Prudential HealthCare (North Texas)	The MEDSTAT Group
Prudential HealthCare (San Antonio)	The MEDSTAT Group
Scott and White Health Plan (Central Texas)	Healthcare Research Associates, Inc.
Seton Health Plan, Inc. (Austin)	*
Texas Health Choice (Dallas)	Healthcare Research Associates, Inc.
Texas Health Choice (Houston)	Healthcare Research Associates, Inc.
United HealthCare of Texas, Inc. (Austin/San Antonio)	Arthur Anderson
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	Arthur Anderson
United HealthCare of Texas, Inc. (Dallas)	Arthur Anderson
Valley Health Plans (Harlingen)	Healthcare Research Associates, Inc.

\* Failed to comply with reporting requirements

## Technical Appendix



# THCIC HMO Reporting Regions - Texas HEDIS® 2000

Plan Name	Central	East	Gulf Coast	North	Panhandle	South	West
Aetna US Healthcare (Houston)	•	•	•				
Aetna US Healthcare (San Antonio)						•	
Aetna US Healthcare of North Texas (Dallas)	•	•		•			
AmeriHealth of Texas, Inc. (Dallas/Houston)	•	•	•	•			
Amil International, Inc. (Austin)	•						
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	•	•		•	•		•
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	•	•	•			•	
Community First Health Plans, Inc. (San Antonio MSA)						•	
Community Health Choice, Inc. (Houston)			•				
FIRSTCARE Southwest Health Alliances (Abilene)					•		
FIRSTCARE Southwest Health Alliances (Amarillo)					•		
FIRSTCARE Southwest Health Alliances (Lubbock)					•		•
FIRSTCARE Southwest Health Alliances (Waco)	•	•	•	•			
Harris Methodist Health Plan (Dallas)	•	•		•	•		
HealthPlan of Texas, Inc. (Tyler)		•					
HMO Blue, Central/South Texas (Austin/Corpus/Rio Grande/S.A.)	•					•	
HMO Blue, El Paso (El Paso)							•
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)		•		•			
HMO Blue, Southeast Texas (Houston)		•	•				
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)				•	•	•	•
HMO Blue, West Texas (Panhandle)					•		
HMO Blue® Texas (Austin)	•						
HMO Blue® Texas (Beaumont/Lufkin)		•					
HMO Blue® Texas (Corpus Christi)						•	
HMO Blue® Texas (Dallas)	•	•		•	•		
HMO Blue® Texas (Houston)	•	•	•				
HMO Blue® Texas (San Antonio)						•	
Humana Health Plan of Texas (Austin)	•						
Humana Health Plan of Texas (Corpus Christi)						•	
Humana Health Plan of Texas (Dallas)	•			•	•		
Humana Health Plan of Texas (Houston)	•	•	•				
Humana Health Plan of Texas (San Antonio)						•	
Mercy Health Plans of Missouri, Inc. (Laredo)						•	
MethodistCare (Southeast)	•	•	•			•	
MSCH HMO (Houston)		•	•			•	
ONE Health Plan of Texas, Inc. (Dallas)				•			
ONE Health Plan of Texas, Inc. (Houston)		•	•				
PacifiCare of Texas (Dallas)				•			
PacifiCare of Texas (Houston)		•	•				
PacifiCare of Texas (San Antonio)						•	
Parkland Community Health Plan, Inc. (Northeast)				•			
PCA Health Plans of Texas, Inc. (Central/Austin)	•						
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	•	•	•			•	
PCA Health Plans of Texas, Inc. (North/Dallas)	•			•	•		
PCA Health Plans of Texas, Inc. (South/San Antonio)	•					•	
Presbyterian Health Plan of El Paso (El Paso)							•
Prudential HealthCare (Austin)	•						
Prudential HealthCare (Corpus Christi)						•	
Prudential HealthCare (El Paso)							•
Prudential HealthCare (Houston)	•	•	•				
Prudential HealthCare (North Texas)	•	•		•			
Prudential HealthCare (San Antonio)						•	
Scott and White Health Plan (Central Texas)	•		•	•			
Seton Health Plan, Inc. (Austin)	•		•			•	
Texas Health Choice (Dallas)				•			
Texas Health Choice (Houston)		•	•				
United HealthCare of Texas, Inc. (Austin/San Antonio)	•					•	
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	•		•			•	
United HealthCare of Texas, Inc. (Dallas)				•			
Valley Health Plans (Harlingen)						•	

# CAHPS® Response Rate

Plan Name	Response Rate
Texas Average	45%
Aetna US Healthcare (Houston)	46%
Aetna US Healthcare (San Antonio)	43%
Aetna US Healthcare of North Texas (Dallas)	48%
AmeriHealth of Texas, Inc. (Dallas/Houston)	19%
Amil International, Inc. (Austin)	43%
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	54%
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	52%
Community First Health Plans, Inc. (San Antonio MSA)	36%
Community Health Choice, Inc. (Houston)	43%
FIRSTCARE Southwest Health Alliances (Abilene)	56%
FIRSTCARE Southwest Health Alliances (Amarillo)	59%
FIRSTCARE Southwest Health Alliances (Lubbock)	57%
FIRSTCARE Southwest Health Alliances (Waco)	54%
Harris Methodist Health Plan (Dallas)	37%
HealthPlan of Texas, Inc. (Tyler)	42%
HMO Blue, Central/South Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	42%
HMO Blue, El Paso (El Paso)	38%
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	38%
HMO Blue, Southeast Texas (Houston)	40%
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	50%
HMO Blue, West Texas (Panhandle)	48%
HMO Blue® Texas (Austin)	49%
HMO Blue® Texas (Beaumont/Lufkin)	51%
HMO Blue® Texas (Corpus Christi)	50%
HMO Blue® Texas (Dallas)	43%
HMO Blue® Texas (Houston)	47%
HMO Blue® Texas (San Antonio)	40%
Humana Health Plan of Texas (Austin)	60%
Humana Health Plan of Texas (Corpus Christi)	57%
Humana Health Plan of Texas (Dallas)	53%
Humana Health Plan of Texas (Houston)	54%
Humana Health Plan of Texas (San Antonio)	57%
Mercy Health Plans of Missouri, Inc. (Laredo)	32%
MethodistCare (Southeast)	44%
MSCH HMO (Houston)	39%
ONE Health Plan of Texas, Inc. (Dallas)	27%
ONE Health Plan of Texas, Inc. (Houston)	29%
PacifiCare of Texas (Dallas)	48%
PacifiCare of Texas (Houston)	48%
PacifiCare of Texas (San Antonio)	57%
Parkland Community Health Plan, Inc. (Northeast)	40%
PCA Health Plans of Texas, Inc. (Central/Austin)	52%
PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	43%
PCA Health Plans of Texas, Inc. (North/Dallas)	42%
PCA Health Plans of Texas, Inc. (South/San Antonio)	47%
Presbyterian Health Plan of El Paso (El Paso)	44%
Prudential HealthCare (Austin)	46%
Prudential HealthCare (Corpus Christi)	44%
Prudential HealthCare (El Paso)	47%
Prudential HealthCare (Houston)	40%
Prudential HealthCare (North Texas)	46%
Prudential HealthCare (San Antonio)	41%
Scott and White Health Plan (Central Texas)	62%
Seton Health Plan, Inc. (Austin)	*
Texas Health Choice (Dallas)	46%
Texas Health Choice (Houston)	37%
United HealthCare of Texas, Inc. (Austin/San Antonio)	41%
United HealthCare of Texas, Inc. (Corpus Christi/Houston)	41%
United HealthCare of Texas, Inc. (Dallas)	37%
Valley Health Plans (Harlingen)	43%

\* Failed to comply with reporting requirements

We would appreciate your feedback...

**T**HCIC has attempted to anticipate the needs of employer purchasers, along with other potential users of this report. In the spirit of continuous quality improvement, we would very much appreciate your feedback. Included as the last page of this report is a form for use in sharing your experience of using this decision support tool. Please take the time to forward your feedback, or if you would prefer, we are happy to accept feedback via a phone call, fax, or email.

THCIC address information is at the bottom of the feedback form. We also encourage you to check our website on a regular basis. This is the primary resource for updated information on the plans, policies and procedures of the Texas Health Care Information Council.

Texas Health Care Information Council  
206 E. 9th Street, Suite 19.140  
Austin, Texas 78701  
phone: (512) 482-3312 Fax: (512) 453-2757  
[www.thcic.state.tx.us](http://www.thcic.state.tx.us)

Please provide the following information, along with anything else you would like to point out, and fax or send this form to the HMO Data Collection Program the Texas Health Care Information Council (note address info at bottom). Your assistance in providing this input is greatly appreciated.

Institution/Company Name:

Institution/Company Address:

City, State, ZIP Code:

Institution/Company Website Address:

Your Telephone Number (optional):

Your Fax Number (optional):

Your E-mail Address (optional):

1. What did you like best?
2. What did you like least:
3. What changes do you suggest?
4. Do you have any other questions or comments about this report?